



DoD SER

Department of Defense SUICIDE EVENT REPORT CALENDAR YEAR 2014 ANNUAL REPORT



National Center for Telehealth & Technology (T2)

Defense Centers of Excellence for Psychological
Health & Traumatic Brain Injury (DCoE)

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DEFENSE CENTERS
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PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

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WASHINGTON, D.C. 20301-4000

JAN 13 2016

Dear Military Leaders and Community Members:

Suicide prevention is a top priority for the Department of Defense. Monitoring and analyzing suicide events informs programming, research activities, and intervention strategies. Since 2008, the Department of Defense Suicide Event Report (DoDSER) program has served as the Department's principal suicide surveillance tool. Within the DoDSER, the Military Departments collect and report on Service member suicide events and associated factors. The report identifies several domains that inform suicide prevention efforts, including details about event circumstances, behavioral health diagnoses, psychosocial stressors, demographics, and deployment histories.

Annually, a quantitative report is generated from the DoDSER data. The Calendar Year 2014 DoDSER Annual Report contains a compilation of detailed statistical information gathered on suicides and suicide attempts among Service members of the Active and Reserve components of the Air Force, Army, Navy, and Marine Corps.

I encourage you to become familiar with this document. The dissemination of the data contained within this report provides leaders with valuable information to guide and refine ongoing suicide prevention efforts. Thank you for your continued support in our efforts to combat the scourge of suicide deaths in the military.

Sincerely,

A handwritten signature in black ink, appearing to read "Brad Carson", is positioned above the printed name.

Brad Carson
Acting Principal Deputy

Acknowledgements

The Department of Defense Suicide Event Report (DoDSER) is prepared annually by the National Center for Telehealth & Technology (T2), and made possible by the dedicated efforts of many partner organizations.

We wish to thank the Services' many behavioral health providers and command-designated officials who collect, verify and input the data required by this system. We are grateful to the Services' Suicide Prevention Program Managers (SPPMs) and DoDSER Program Managers who supervise the DoDSER data collection. In particular, Lt. Col. Kathleen Crimmins (Air Force SPPM), Mr. John Wills (Army DoDSER Program Manager), Jessica Jagger, Ph.D., M.S.W. (Marine Corps Behavioral Health Data Surveillance) and Ms. Kim Myers (21st Century Sailor Office).

We sincerely thank the Armed Forces Medical Examiner System (AFMES) for their assistance in determining the suicide rates for calendar year (CY) 2014, confirming suicide cases reported in the DoDSER system and the data on manner of death and toxicology. We also thank the Defense Manpower Data Center (DMDC) for providing data on Service member demographics and deployment histories, and also acknowledge the collaborative efforts of the Sexual Assault Prevention and Response Office (SAPRO) regarding the inclusion of information on the occurrence of sexual assault among those who engage in suicidal behavior.

We also wish to recognize the Defense Suicide Prevention Office (DSPO), with which T2 partners in the release and dissemination of the DoDSER Annual Report.

This report, and the DoDSER system as a whole, would not be possible without the skillful work of many T2 staff members who translate the technical and administrative requirements of the DoDSER data collection system into the Department of Defense's (DoD) primary resource for monitoring and reporting on the complex and challenging topic of suicides that occur within America's Military Services.

The DoDSER team's mission is inherently somber and difficult; nevertheless the valuable work of all the aforementioned partner organizations allows the significance of this important mission to be appreciated.

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Executive Summary

The Annual Report of the Department of Defense Suicide Event Report (DoDSER) system presents data on suicides and suicide attempts that occurred from January 1, 2014 through December 31, 2014. The goal of the DoDSER program is to characterize and contextualize suicide-related events in a manner that is comprehensive and accurate, and which informs decision-making authorities about suicide prevention and intervention strategies.

The DoDSER Annual Report comprises data from the Active and Reserve components of the Air Force, Army, Marine Corps and Navy. This includes data from the Army National Guard and Air National Guard. Aggregated data for each Service are presented in their own chapter and are also included in a summative chapter.

Data for each DoDSER report were collected by the Services and augmented by data from the Armed Forces Medical Examiner System (AFMES; for active duty suicide decedents) and the Defense Manpower Data Center (DMDC; for suicide decedents and suicide attempts). All personally identifiable information in this report has been redacted for privacy reasons.

Key Findings at a Glance

Suicide deaths

- Per the AFMES, as of March 31, 2015, 269 Active Component deaths and 169 Reserve Component deaths were attributable to suicide. Table 1 shows the distribution of these deaths across each Service.

Table 1 Summary of Suicide Deaths by Component and Service

Component and Service	Count	% of total
Active Component		
Air Force	60	13.7
Army	122	27.9
Marine Corps	34	7.8
Navy	53	12.1
Reserve Component		
All Reserve	80	18.3
All National Guard	89	20.3

- Overall, the data indicated that the most common demographic characteristics for Service members who died by suicide included:
 - Gender: Male
 - Race: White/Caucasian
 - Ethnicity: Non-Hispanic
 - Age: Under 30 years of age
 - Military Grade: Enlisted (E1–E9)
 - Education: High-school graduate or below
- The most common methods of suicide included the use of firearms (n = 192, 68.3% of all suicide DoDSER reports) and hanging (n = 70, 24.9% of all suicide DoDSER reports). The majority of firearms that were used (n = 177, 92.2% of suicides attributed to firearms) were not military-issued.
- The most common behavioral health diagnoses identified in suicide DoDSER reports were mood (n = 74, 26.3% of all suicide DoDSER reports) and adjustment (n = 68, 24.2% of all suicide DoDSER reports) disorders.
- Failed relationships (n = 118, 42.0% of all suicide DoDSER reports) and administrative/legal issues (n = 92, 32.7%) in the 90 days prior to suicide were the most frequently cited psychosocial stressors in suicide DoDSER reports.
- A history of deployment was identified in 153 suicide DoDSER reports (54.4%).

Suicide attempts

- A total of 1,126 suicide attempts were reported from the four Services. Table 2 shows the distribution of suicide attempt DoDSER reports across each Service.

Table 2 Summary of Suicide Attempt DoDSER Reports by Component and Service

Service	Count	% of total
Air Force	247	21.9
Army	514	45.6
Marine Corps	242	21.5
Navy	123	10.9

- Overall, the data indicated that the most common demographic characteristics for Service members who attempted suicide, included:
 - Gender: Male
 - Race: White/Caucasian
 - Ethnicity: Non-Hispanic
 - Age: Under 30 years of age
 - Military Grade: Enlisted (E1- E4)
 - Education: High-school graduate or below
- The most common method of attempting suicide was the use of drugs (illicit or prescription) and/or alcohol (n = 633, 56.2% of suicide attempt DoDSER reports).
- The most common behavioral health diagnoses identified in suicide attempt DoDSER reports were mood (n = 370, 32.9% of suicide attempt DoDSER reports), anxiety (n = 288, 25.6% of suicide attempt DoDSER reports) and adjustment disorders (n = 305, 27.1% of suicide attempt DoDSER reports).
- Failed or failing relationships (n = 483, 42.9% of suicide attempt DoDSER reports) and workplace difficulties (n = 403, 35.8% of suicide attempt DoDSER reports) in the 90 days prior to the event were the most frequently cited psychosocial stressors among suicide attempt DoDSER reports.
- A history of deployment was identified in 444 suicide attempt DoDSER reports (39.4% of suicide attempt DoDSER reports).

Suicide rates and statistical analysis

- The rate of suicide for the Active Component, all Services, was 19.9 per 100,000 Service members. This list shows the rates of suicide for the Active Component of each Service:
 - Air Force: 18.5 per 100,000 Service members
 - Army: 23.8 per 100,000 Service members
 - Marine Corps: 17.9 per 100,000 Service members
 - Navy: 16.3 per 100,000 Service members
- The rate of suicide for the Reserve Component of the Selected Reserve (SELRES; irrespective of duty status) was 21.9 per 100,000 Service members. The rate of suicide among the National Guard (irrespective of duty status) was 19.4 per 100,000 Service members.

- There were no statistically significant differences between the CY 2014 military suicide rate and the CY 2013 U.S. population suicide rate after adjusting for differences in age and sex.
- Compared to the suicide DoDSER reports from CY 2013, those submitted for CY 2014 did not show a statistically significant difference in the prevalence of legal/administrative problems, mental health diagnosis, prior history of self-harm, use of psychotropic medications within 90 days of the event, relationship problems or workplace difficulties.
- There was a statistically significant reduction in the prevalence of deployment history from CY 2013 to CY 2014 among suicide DoDSER reports.
- There were no statistically significant differences between suicide and suicide attempt DoDSER reports for CY 2014 in the prevalence of legal/administrative problems, deployment history or relationship problems after adjusting for baseline population characteristics.
- CY 2014 Suicide DoDSER reports indicated lower prevalence of: (a) any prior mental health diagnosis; (b) prior history of self-harm; (c) use of psychotropic medications within 90 days of the event; and (d) workplace/financial difficulties compared to suicide attempt DoDSER reports.
- The comparison of DoDSER suicide attempt reports from CY 2013 with those submitted for CY 2014 indicated that most factors were consistent with estimates from CY 2013. One exception was a reduction in the prevalence of a history of deployment.

Conclusions

The DoDSER system, and the resulting Annual Report, is designed to improve and standardize data surveillance across the Air Force, Army, Marine Corps and Navy. Overall, the descriptive findings from the CY 2014 reporting period are very similar to patterns identified in recent years. The data are also consistent with patterns observed in the U.S. general population as described in the Web-based Injury Statistics Query and Reporting System (WISQARS) developed by the Centers for Disease Control and Prevention. Additionally, the rate of suicide remains higher among the Active and Reserve Components of the United States Military Services than the historical levels observed prior to 2003, even after adjusting for age and sex of the population.

Preface

Background

The DoDSER program is a collaborative effort among T2, the Defense Suicide Prevention Office (DSPO) and the Suicide Prevention Program Offices of the Air Force, Army, Marine Corps and Navy. The objective of this program is to create and refine a system for collecting and reporting data on a set of core standardized variables that are critical for characterizing suicide-related behavior within the DoD.

Since January 1, 2008 the DoDSER program has been working to facilitate the DoD's suicide-prevention mission by providing policy makers and suicide-prevention offices with the highest-quality, and most accurate and comprehensive information possible on which to base decisions.

With the exception of the U.S. Marine Corps, the DoDSER data-collection process begins when the AFMES either officially determines, or receives a determination from civilian authorities, that the manner of a death is suicide. For the U.S. Marine Corps, DoDSER data collection begins immediately following a suspected suicide. When this occurs, a designated uniformed Service member or professional civilian staff member reviews medical and behavioral health records, conducts interviews when appropriate, collects data from additional sources when necessary (e.g., the personnel record) and then enters those data into the secure Web-based DoDSER application (<https://dodser.t2.health.mil>).

This system was expanded on January 1, 2010 to include suicide attempts that resulted in hospitalization or evacuation from a theater of operations for all Services. Additionally, the Army uses the DoDSER report form to collect data on instances of suicidal ideation or self-harm resulting in hospitalization or evacuation from theater, to include evacuations from theater where the injury or injurious intent is self-directed (self-harm).

Per policy, the DoDSER program collected data on suicides for all Service members in a duty status at the time of their death or of suicide attempts, including Service members in the Reserves and National Guard. During the CY 2014 reporting period, each of the Services achieved 100% submission compliance for eligible cases. The date used for case identification of suicide rates was March 31, 2015. Cases in which the Active Component Service member was either absent without leave (AWOL) or in a deserter status when the event occurred were not eligible to be included in this report. Deaths and suicide attempts that occurred when a member of the SELRES was not in a duty status were also ineligible for inclusion in the DoDSER system. However, preliminary demographic data on this sub-group of the SELRES population were

included in the DoDSER Annual Report. These data were obtained from the AFMES with demographic characteristics provided by the DMDC.

The CY 2014 DoDSER report form contains more than 500 data elements, per report, to provide comprehensive information about the Service member, the psychosocial and emotional context of their life, military history, legal/disciplinary actions, and the specific characteristics of the event. Data related to demographic characteristics and deployment histories were provided by the DMDC to ensure the accuracy of these administrative data elements. The date used for case identification of suicide rates was March 31, 2015. The use of external enterprise data was intended to improve the overall quality of the data reported herein.

DoDSER System and Report Improvements for CY 2014

The DoDSER system makes continual efforts to improve the overall quality and completeness of the data that are collected and reported. This year, four important changes have occurred in this regard:

1. Basic DMDC data on demographic factors have been incorporated into the report for members of the SELRES populations of the four Services who were not in a duty status at the time of their death. The DoDSER Annual Report from the previous year only contained information on members of the SELRES who were in a duty status when their death occurred.
2. This report includes rate standardization to the overall United States population to compare the observed number of suicides in each Service and component to the expected number given the age- and gender-specific rates of suicide in the U.S. population. For more information, see the Rate Standardization section.
3. The report principally provides descriptive data on the demographic, military, contextual, medical and behavioral health factors associated with suicide and suicide attempts. However, statistical analyses are also provided to compare the prevalence of a defined set of determinants between reports of suicide-related death and reports of attempted suicide.
4. Data were provided by the Department of Defense (DoD) Sexual Assault Prevention and Response Office (SAPRO) on the number of DoDSER reports associated with suicide deaths and suicide attempts that were also associated with unrestricted reports of sexual assault filed within the year prior, as well as any year prior, to the suicide-related event.

Guiding Questions

Two important questions related to suicide surveillance guide the DoDSER Annual Report:

- 1. What is the rate of suicide among Service members?**
- 2. What is the distribution of known or suspected determinants of suicide behavior among Service members?**

To answer the first question, the AFMES identified suicide decedents during the calendar year and used data from the DMDC on the Service population during CY 2014 to calculate mortality rates (see Chapter 1 for additional details on the calculations performed to produce the rates presented in this report). Rate data are presented separately for Service members in the Active Component and Service members in the Reserves and National Guard, irrespective of duty status.

To answer the second question, T2 developed and maintains an electronic surveillance system to collect descriptive data on suicides and suicide attempts among Service members who are in a duty status at the time of the event. At present, the mandate for the surveillance system does not extend to Service members in the Reserves and National Guard who are not in a duty status. However, to provide a broader understanding of this population as it relates to suicide, basic demographic and military data for SELRES Service members who were not in a duty status are presented in this report.

All CY 2014 suicides that were confirmed by the AFMES on or before January 31, 2015 were required to have a DoDSER report form submitted by March 31, 2015. Those deaths in which the manner was confirmed as suicide after this deadline may also have had a DoDSER report form submitted, but it was not required given the minimum time allowed to submit a report following the confirmation of a suicide and the timeline for developing the DoDSER Annual Report. Table 3 shows the relationship of the suicide deaths used in the rate calculations to those included in the DoDSER data. Please note that suicides that occurred among Reserve Component Service members who were not in a duty status at the time of the event were identified by each Service and reported to the AFMES. The AFMES did not actively monitor data related to those cases.

Table 3 Suicide Confirmation and Duty Status	Active Component	SELRES	Total
Suicide confirmed or pending as of March 31, 2015	269	169	438
Duty Status (Active)	269	21	290
Confirmed by January 31, 2015 (DoDSER required)	218	19	237
<i>DoDSER submitted</i>	218	19	237
Confirmed after January 31, 2015 or pending confirmation (DoDSER not required)	51	2	53
<i>DoDSER submitted</i>	43	1	44
<i>DoDSER not submitted</i>	8	1	9
Not in a duty status	0	148	148

Caveats

With the exception of the aforementioned adjusted rates and statistical analyses, the DoDSER Annual Report provides purely descriptive information regarding the prevalence of various suspected risk and protective factors related to suicide. Statistical comparisons of selected determinants between suicides and suicide attempts between CY 2013 and CY 2014 are provided to facilitate comparison between group and over time, but do not allow for any causal inference.

The DoDSER system does not systematically collect concurrent data on non-cases (i.e., control participants). Collection of such data exceeds the surveillance mandate of this program. Independently planned and executed research is required before definitive conclusions or inferences can be made about the role of any specific risk or protective factor.

CHAPTER 1

METHODOLOGY

DoDSER Items

The items contained within the DoDSER report form were developed to provide a comprehensive set of information obtained from a wide variety of sources.

The goal of the DoDSER program is to facilitate the DoD's understanding of suicide and inform suicide-prevention efforts by systematically and comprehensively characterizing suicide behavior. The current DoDSER content was developed through a careful process that included:

- Structured reviews from each of the Services' historical suicide-surveillance systems/procedures
- Workgroup deliberations with representation from all four Services, including the Suicide Prevention Program Managers (SPPM)
- A systematic review of the suicide literature
- Feedback on content from nationally recognized civilian and military experts
- Feedback from senior military leaders and key stakeholders.

Each year a workgroup, which includes representatives from all of the Services, meets to refine the DoDSER report form's items based on the Services' evolving needs. The DoDSER content is organized into the categories shown in Table 4.

Table 4 DoDSER Content Areas

Category	Example of content
Demographic characteristics	Age, sex, ethnicity, education, marital status
Historical and developmental factors	Military history, family history, life events
Contextual factors	Access to firearms, event method, event setting
Clinical health factors	Behavioral and medical history

These categories were combined with specific sections on deployment history and a comprehensive set of questions related to event characteristics to produce the current DoDSER report form that contains more than 500 individual data elements.

Data Collection Process and Data Sources

DoDSER reports were required for all suicides that occurred within the Active Component and the Reserves and National Guard, provided the Service member was in a duty status at the time of the event. All Services were also required to submit DoDSER reports for suicide attempts that result in hospitalization or evacuation from a theater of operations. Additionally, the Army requires DoDSER reports for other nonfatal events (self-harm and suicidal ideation).

The DoDSER report forms are completed using a Web-based system that is available via the Internet and submitted through a secure website (<https://dodser.t2.health.mil/>). The DoDSER system is hosted at a DoD Information Assurance Certification and Accreditation Process-approved facility. Basic data entry users do not have access to any DoDSER data other than that which they collect and submit themselves.

The descriptive DoDSER data presented in this report were compiled from DoDSER report forms completed and submitted by respondents across the DoD, both inside and outside the continental United States. The process for identifying suicides and completing DoDSER reports was similar across all Services. Instances of death by suicide were closely tracked between the SPPMs and the AFMES in order to maintain an official list of confirmed suicides and to meet reporting timelines:

- For the Air Force, the Office of Special Investigations was the primary data-collection agency that received the AFMES notification and completed the DoDSER reports within 60 days.
- For the Army, the Army Institute of Public Health DoDSER Program Manager received the AFMES notification and contacted the behavioral health point of contact (POC) at the Service member's assigned medical treatment facility and requested a behavioral health clinician to complete a DoDSER report within 60 days.
- For the Navy, following confirmation from the AFMES, the SPPMs' office contacted the local command and requested an appropriate POC to meet the requirement within 60 days.
- For the Marine Corps, the DoDSER Program Manager's office contacted the local command and requested an appropriate POC to meet the requirement within 15 working days.

Per policy, a minimum of 90 days are required between the end of a calendar year and the calculation of a given year's suicide rate¹. Therefore, March 31, 2015 was established as the date for finalizing the data collection period for CY 2014 in the DoDSER system. This date reflects

the typical amount of time the AFMES requires to confirm any deaths that occurred on the last day of a calendar year, combined with the 60-day (maximum) window the Services have to complete a report after AFMES provides official notification of the manner of death.

Deaths that are confirmed after January 31 of a given year still require a DoDSER submission. There were 51 such DoDSER reports for CY 2014; these reports are not factored into the calculations of DoDSER submission compliance as this would leave the Services without enough time to complete the data collection before the data analysis phase begins. When evaluating DoDSER submission compliance for each of the Services, this report uses each Service's number of confirmed suicides on January 31, 2015 (see Table 3). However, counts and rates use the most complete data available:

- DoDSER compliance uses the number of confirmed suicides on January 31, 2015 (total n = 237). This is a subset of DoDSER CY 2014 data.
- Demographic and statistical analyses use all DoDSER reports submitted for CY 2014 (total n = 281). This is the full set of DoDSER CY 2014 data, and a subset of the AFMES CY 2014 data.
- Counts and rates use all suicides confirmed or pending as of March 31, 2015 (total n = 438.) This is all CY 2014 data available from AFMES on March 31, 2015 when data were pulled for this report.

In cases involving non-fatal events, the reporting window is more constrained. In cases of an attempted suicide that results in either hospitalization or evacuation from a theater of operations, the requirement is that a suicide attempt DoDSER report form is completed within 30 days of the hospitalization or evacuation.

Over the course of CY 2014, DoDSER reports were submitted by a range of professionals, including psychologists, psychiatrists, social workers, nursing staff, case managers and command-appointed representatives.

Following a suicide or non-fatal suicide attempt, DoDSER users review medical and behavioral health records, personnel records, investigative agency records and records related to the individual's manner of death. Information can also be collected through interviews with the individual's command, investigative agency officer(s) and/or other professionals. For some Services, family members may also be interviewed if they are willing to participate, and if the interview process would not cause additional distress.

In cases where the suicidal behavior does not result in death, the individual who is the subject of the report is often interviewed directly.

In addition to the aforementioned items collected directly in the DoDSER report form, data are collected from additional enterprise sources in an effort to improve overall data completeness and accuracy. For the current report, the AFMES provided data on death-related toxicology and official manner of death determinations for suicides that occurred among Service members in CY 2014. The DMDC queried data from the Defense Enrollment Eligibility Reporting System to provide demographic information for all events submitted to the DoDSER system, and also provided data from the Contingency Tracking System (CTS), the repository of official deployment-related information. To address the relationship between suicide and sexual assault, DoDSER cases were matched against unrestricted sexual assault reporting data by SAPRO analysts. In the case of missing or unavailable data in the various enterprise data sources for an individual, data from the DoDSER report were used to generate the final variable set used in this analysis.

Data Quality

Addressing the challenging issue of suicide in a meaningful way demands that the data entered into the DoDSER system are as accurate and complete as possible. The DoDSER system enlists several types of data-quality controls designed to improve the overall quality of DoDSER data, which include:

- Controls on system login and data submission that require a DoDSER account associated with the DoDSER user's common access card (CAC) credentials. Basic users can only access the active reports that are assigned to them. This assures that the system is private and improves the user's confidence that they are entering information for the correct individual.
- The structure of the data-submission website is designed to minimize the possibility of data-entry errors.
- The use of form-field validation, which prompted users to clarify responses that are not logically possible (e.g., date of birth must be at least 18 years in the past).
- Corroboration of suicide-event reports against data from the AFMES to ensure that a suicide event is valid and present in both independent systems. If a case is present in the DoDSER system without a corresponding AFMES report match, it is not included in the analytics of the report.
- All DoDSER reports are reviewed to ensure that multiple reports are not submitted for the same event. Potential duplicates are automatically flagged so that the Service's DoDSER Program Manager can determine which submission represents the most accurate and complete data record.
- Open-ended fields and the selection of the "Other" response option are reviewed to identify text responses that should have been coded using the existing-item coding structure or to generate new response categories based on multiple responses with similar text.
- Data from the AFMES and the DMDC are used to improve the accuracy of data for several fields. The AFMES's data inform manner of death and toxicology results for suicide reports, and the DMDC data provide information on deployment history and demographic characteristics. Data provided by these external sources have been awarded primacy in developing the analytic variables.

- The qualitative descriptions of all suicide attempt DoDSER reports are reviewed and coded independently by two of the authors (LP and DS) for evidence in the description that an event does not meet the reporting criteria for a suicide attempt (i.e., that hospitalization or evacuation from a theater of operations did not occur, or that intervention occurred during a period of suicidal ideation only, which never escalated to preparatory behavior or physical injury). An example of this would be if prior to any potentially injurious behavior, an individual disclosed their suicidal ideation to a superior who then had the Service member escorted to the hospital, where he or she was admitted to ensure safety. When an uncertain case is identified, the Service's DoDSER Program Manager is alerted and asked to make a decision about the inclusion of these specific cases.

Rate Data

Case Identification and Demographics

For this CY 2014 report, the AFMES compiled official case lists of suicides that occurred among both Active Component Service members and Service members in the Reserves and National Guard who died while in a duty status from 2012 to 2014. Duty status determination (i.e., whether a Service member was in or out of a duty status at the time of the event) relied on information entered into the Defense Casualty Information Processing System (DCIPS) as well as consultation with the Service SPPM. Cadets and midshipmen at the designated military academies (West Point in West Point, NY; the U.S. Naval Academy in Annapolis, MD; and the U.S. Air Force Academy in Colorado Springs, CO) were considered to be in a duty status.

For members of the SELRES population, instances of suicide that occurred during periods of time when the Service member was not in a duty status were compiled by the AFMES from the Service-specific SPPM reports for the Air Force, Army, Marine Corps, and Navy. The SELRES suicide case numbers presented in this report were current as of May 15, 2015.

Rate Calculation

The process for determining the rates of various suicide-related characteristics was developed through a collaborative process facilitated by the DSPO and included participation from the Services as well as staff from the Office of the Secretary of Defense. Decisions were made via consensus from all included parties.

Crude and stratified rates were calculated separately for:

- The Active Component (in aggregate and individually for each Service)
- The Reserve Component (irrespective of duty status; in aggregate and individually for each Service)
- The National Guard (irrespective of duty status; in aggregate and individually for Air Force and Army)

Stratified rates were calculated for sex, race, ethnicity, education, marital status, age and rank/grade within the aforementioned components. The AFMES collaborated with the DMDC to identify the number of Service members in each combination of Service, component and demographic characteristic at the end of each month (end strength) for CY 2014. These monthly totals were averaged to derive a total denominator for CY 2014. These calculations are described in the Formula section of this chapter.

The numerator for each rate was the number of suicide deaths that occurred during CY 2014 in the respective component, Service and demographic category configuration.

All rates associated with fewer than 20 suicide cases were intentionally suppressed due to the statistical instability that occurs in rates calculated from small numerators.

Formula

The mathematical formula used to calculate unadjusted suicide rates for the Active Component and the Reserves and National Guard made use of the total number of suicides and the sum of the averages for the 12 monthly end strengths for each population. The number of suicides during CY 2014 was divided by average population size for CY 2014 and the resulting quotient was then multiplied by 100,000 to yield a rate estimate.

$$Rate = \frac{s_g}{\frac{1}{12} \sum_{m=1}^{12} ES_{mg}} \times 100,000$$

Where s_g is the number of suicides in a particular population group and ES_{mg} is the end strength of a particular month for the same population group.

The populations (g) used in each rate calculation were:

- Active Component suicide rate
 - All services
 - Air Force
 - Army
 - Marine Corps
 - Navy
- Reserve Component
 - Air Force Reserve
 - Army Reserve
 - Marine Corps Reserve
 - Navy Reserve
- National Guard
 - Air National Guard
 - Army National Guard

Rate Standardization

The Web-based Injury Statistics Query and Reporting System (WISQARS)² was used to identify the rates of suicide for CY 2012 and CY 2013 in the United States population. The fatal injury reports were current only through CY 2013, therefore data for CY 2014 were not able to be extracted. The WISQARS system is maintained by the Centers for Disease Control and Prevention (CDC), and provides aggregate data on fatal and nonfatal injuries and deaths. Rates of suicide were jointly stratified by age group (17-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59) and sex (male, female) for each calendar year.

Indirect standardization was used to calculate the number of expected cases in each age- and sex-specific stratum of the component and Service subpopulations. Indirect as opposed to direct standardization was used because of the small rates observed for several combinations of age and sex within the DoD population subgroups. This technique calculates the number of expected suicides given the overall U.S. population age- and sex-specific stratum rates. Division of the observed number of suicides by the total number of expected suicides yields the standardized mortality ratio (SMR). The mathematical formula for the SMR is³:

$$SMR = \frac{\sum_i p_{ia} n_{ia}}{\sum_i p_{is} n_{ia}}$$

In this formula, p_{ia} is the stratum-specific rate for the study population (i.e., the specific component or Service under consideration) and n_{ia} is the number of Service members in that stratum. The product of these values gives the observed number of suicides for each stratum. The sum of the observed numbers across the strata yields the numerator for the formula. In the denominator, p_{is} is the stratum-specific rate from the standard population (i.e., the 2012 or 2013 overall U.S. population). The product of this rate with the number of Service members in the stratum yields the number of expected suicides for that stratum. The sum across strata is the total number of expected suicides. Multiplication of the SMR by the crude rate of the standard population produces the adjusted rate for the population of interest.

Table 5 illustrates the indirect method of rate adjustment. The data used are for the Active Component suicide rate using data from all Services combined for CY 2012.

Table 5 Demonstration of the Calculation of the Age- and Sex-Adjusted Suicide Rate Using the Indirect Method for the Active Component, All Services, CY 2012

Stratum	CY 2012 Service-aggregated denominator (n_{ia})	CY 2012 US population rate (p_{is})	Expected deaths ($n_{ia}p_{is}$)
Male, 17-19	67726	.000153	10.362
Male, 20-24	375972	.000221	83.090
Male, 25-29	296051	.000240	71.052
Male, 30-34	188920	.000228	43.074
Male, 35-39	137064	.000248	33.992
Male, 40-44	87498	.000266	23.274
Male, 45-49	33105	.000288	9.534
Male, 50-54	8912	.000315	2.807
Male, 55-59	2082	.000309	0.643
Female, 17-19	13382	.000039	0.522
Female, 20-24	67558	.000049	3.310
Female, 25-29	52184	.000056	2.922
Female, 30-34	32318	.000062	2.004
Female, 35-39	20794	.000072	1.497
Female, 40-44	12161	.000082	0.997
Female, 45-49	4869	.000100	0.487
Female, 50-54	1603	.000104	0.167
Female, 55-59	513	.000091	0.047

The sum of the expected deaths column (the denominator of the SMR formula) is 289.782. The numerator of the SMR formula yields the same value as the total number of observed suicides for the time period, 321. Division of 321 by 289.782 yields the SMR of 1.11. Multiplication of the SMR by the unadjusted rate for the standard population (.000165) gives the adjusted rate of .000183 (18.3 per 100,000).

The resulting SMR has a possible range of 0 to ∞ . Values ranging from 0 to less than 1 indicate a lower rate than expected, and values ranging from 1 to ∞ indicate a rate that is greater than expected. An SMR of 1 means that the observed number of suicides exactly matches the expected number of suicides, given the standard population stratum-specific rates. The 95% confidence intervals (CI) associated with the SMRs were calculated using the Poisson distribution. These intervals provide information about the precision of the SMR and are used for statistical inference. Inclusion of 1 in the range of the 95% CI indicates that the ratio is not statistically distinguishable from unity. In other words, while the SMR may not be 1, its variance is such that 1 is still a plausible value given the data. As such, the conclusion that the rate in the population of interest is statistically different from the standard population cannot be made. If the 95% CI excludes 1, this indicates that the difference in rates exceeds statistical variability and it can be concluded that the rate is likely different from that of the standard population and warrants further investigation.

Since indirect standardization was used, the comparisons were limited to just the populations of interest and the comparison against the overall U.S. population. Within a particular year, it is not possible to directly compare the SMRs or associated adjusted rates between components or Services because the age and sex distributions may still differ between the subpopulations. This is not taken into account in the indirect approach to rate standardization.

Internal Comparisons of Rates Between Component and Services and Between Years

While the rate standardization described earlier allowed for comparisons of the various components and Services to the overall U.S. population, it did not allow direct comparisons between the components and Services in a given year or within a component or Service between years. To accomplish this, a second set of analyses was conducted that used a Poisson regression model⁴ to compare the rates of suicide between years or between components and Services within a single year while accounting for different age and sex distributions. For this model, the aggregated number of suicides was used for each year, age stratum, sex, Service and component, and their associated denominators from DMDC as the input data. The regression model compares the natural logarithmic transformation of the number of cases for each population of interest to a referent group. An offset term was included in the model that represented the natural logarithmic transformation of the number of Service members in each combination of age and sex for each of the subpopulations included in the model. The resulting statistic from these models was the incidence rate ratio (IRR), which provides a comparison of the rate of one group compared to another. The range of values, the 95% CI and the interpretation are comparable to the SMR described earlier.

Statistical Analysis of Determinants

In the current presentation of the DoDSER data, statistical comparisons of a defined set of determinants have been included to facilitate the comparison between suicide and suicide attempt DoDSER reports and between CY 2013 and CY 2014 for each outcome type. Logistic regression models were used to compare suicides to suicide attempts for CY 2014 and to compare CY 2013 to CY 2014 separately for suicides and suicide attempts. The specific determinants of the models have included the use of a firearm as the method of injury, alcohol use during the event, drug use during the event, any behavioral health history, a history of prior self-injury, a history of substance abuse, relationship problems in the 90 days prior to the event, legal/administrative problems in the 90 days prior to the event, work/financial difficulties in the 90 days prior to the event, deployment history and exposure to direct combat. These variables were selected given their prominence in the suicide research literature as major determinants of suicide and suicide attempts.

Each model has been adjusted for age, race, ethnicity, rank/grade, sex, marital status and Service branch (except for when the models were Service-specific). A full-information maximum likelihood estimate was used to account for missing data on the determinants and demographic variables included in the models⁵. Given that there are a small number of individuals with more than one DoDSER report in the system (both a suicide attempt and a suicide, or multiple suicide attempts), the last report has been retained for analysis to address an assumption of independent observations in the regression model.

The statistics reported from these models are odds ratios (OR) and associated 95% CIs. The logistic regression model estimates a linear combination of the demographic variables and key exposure of interest (suicide vs. suicide attempt or CY 2014 vs. CY 2013) to approximate the odds of the prevalence of a specific outcome. The odds are defined as:

$$Odds = \frac{p_a}{1 - p_a}$$

In that formula, p_a is the probability of the outcome variable being present. The interpretation of the odds ratio is similar to the SMR described earlier. Values greater than 1 indicate a greater prevalence of the variable of interest; those less than 1 indicate a lower prevalence of the variable of interest.

Interpretive Considerations

The intent of this report and the DoDSER system, as a whole, is the collection, organization and presentation of data relevant to risk and protective factors that relate to the occurrence of suicide, and suicide-related behavior, in the military community. The data from the DoDSER system support hypothesis-driven research and program development, such as suicide-prevention programs. In this year's DoDSER Annual Report, a statistical analysis of the suicide rates and changes over time and between suicide and suicide attempt DoDSER reports on a selected set of determinants has been included. These analyses are intended to facilitate an understanding of the data and do not reflect a causal inference.

Often, questions are asked about the relative contributions of specific variables as risk and protective factors. However, it is not possible to determine, statistically, whether any particular variable is a risk or protective factor for suicide by relying solely on the data presented in this report. Data on the distribution of any particular variable in the broader population would be needed before any statistical inferences about the relationship between that factor and the occurrence of suicide could be made using the descriptive data provided in this report.

Many DoDSER items contain a response option that allows the user to select "data unavailable" to indicate that not enough information could be gathered to provide either an affirmative or negative response. While the latest version of the DoDSER report form has been modified to minimize the need to use this particular response option, it is inevitable that some information for some individuals will be unknown or unavailable. Because of this, the impact of missing information on interpretive considerations that the reader makes regarding the findings of this report should be weighed against what information was not available. For example, percentages for many DoDSER items were calculated using the total number of reports for a given outcome as the denominator. If one group had a higher "data unavailable" response proportion than comparison groups, comparisons that include proportions of "yes" responses could lead to misinterpretation. It should be noted that missing data were accounted for in statistical comparisons using full information maximum likelihood.

Finally, the content area of any given DoDSER item should be taken into account when results are interpreted. While this report reflects the best data available, some DoDSER items are objective (e.g., the location of a Service member's current permanent duty station), whereas others are highly subjective (e.g., whether or not the Service member had experienced recent problems with a supervisor or coworker). Standardized coding guidance was available to all designated DoDSER respondents, along with technical definitions of terms and item-by-item Help text, designed to aid in accurate reporting. However, subjective data elements can be easily misinterpreted.

Figures and Tables

In this report, graphical displays of data are included to present the prevalence of specific variables not only in CY 2014, but using the DoDSER findings from CY 2012 and CY 2013 as well. The observed prevalence estimates for each year (percent) represent the proportion of “yes” responses to a particular item relative to the total number of events with a DoDSER report for that year.

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CHAPTER 2

SUICIDE RATES

Suicide Rates

In this section, aggregate and individual suicide rates are presented for the four Services. Rates are provided separately for the Active Component and the Reserves and National Guard. Table 6 provides an overview of the unadjusted and age- and sex-adjusted rates for each Service and Component. Tables 7 to 13 provide rates stratified by demographic and Service characteristics for the Service-aggregated Active Component, the Service-aggregated Reserve and National Guard, and the Service-specific Active Components.

The AFMES identified 269 suicides among Active Component Service members in CY 2014, yielding an overall suicide rate of 19.9 per 100,000 Service members (Table 6). The Service-aggregated suicide rate for the Reserve Component of the SELRES was 21.9 per 100,000 Service members. The suicide rate for the combined Air National Guard and Army National Guard was 19.4 per 100,000 Service members.

Although the most recent data available for the U.S. population was 2013, a comparison of these military rates to the U.S. population data was conducted because the overall U.S. population is very large and the suicide rates are very stable. These analyses provide early estimates that can be confirmed in the future as 2014 U.S. data become available. The CY 2015 DoDSER Annual Report will update those data. Based on the SMRs and associated 95% CI, the rates of suicide in CY 2014 for each of the military populations described earlier was consistent with what would be expected given the age- and sex-specific suicide rates of the 2013 U.S. population. The rates of suicide in the Active Component of each of the Services were also closely aligned with the expected values given the 2013 U.S. population data. Suicide rates for the Army Reserve and Army National Guard were only able to be calculated because of the lower rates of suicide in the other Services. The rates of suicides for both of these components were consistent with the 2013 U.S. population data.

Compared to CY 2013, the CY 2014 suicide rates for each component and the Active Components of the four Services were largely similar. Two notable exceptions were reductions in rate for the National Guard, Air Force and Army combined, with an IRR of 0.71 (95% CI = 0.54, 0.93), and the Army National Guard, with an IRR of 0.64 (95% CI = 0.48, 0.86). These ratios were adjusted for age and sex distributions. There were no statistically significant differences in the rates of suicide between the three components in CY 2014. Specific to the Active Component, the rate of suicide for the Navy was lower than the rate for the Army (IRR = 0.69, 95% CI = 0.50, 0.96) after adjustment for age and sex. There were no other statistically significant differences in the suicide rates between the Active Components of the Services.

Table 7 presents the rate of suicide for the Active Component of all Services combined, stratified across several demographic and military characteristics. The stratum-specific rates present similar patterns to those observed in previous years. Differences in the crude rates were most apparent for rank/grade, education and marital status. Enlisted Service members, those with lower education and those whose marital status was divorced had the highest stratum-specific, unadjusted suicide rates. The remaining tables (8 to 13) present a similar breakdown of suicide rates for the Reserves and National Guard, aggregated across the Services, and the Active Components of each Service. Similar to Table 7, the stratum-specific, unadjusted suicide rates are largely consistent over time, where available.

Table 6 Rates of Suicide (Unadjusted and Age- and Sex-Adjusted), SMR, and 95% CI for the Active Component and the Reserves and National Guard Components, Overall and by Service, CY 2012–CY 2014

Component and Service	2014				2013				2012			
	Rate ¹	Rate ²	SMR ²	95% CI	Rate ¹	Rate ²	SMR ²	95% CI	Rate ¹	Rate ³	SMR ³	95% CI
Active, all Services	19.9	16.4	0.98	0.87, 1.10	18.4	15.1	0.90	0.79, 1.02	22.9	18.3	1.11	0.99, 1.24
Air Force	18.5	15.6	0.93	0.71, 1.20	14.4	12.2	0.73	0.54, 0.96	15.0	12.4	0.75	0.56, 0.99
Army	23.8	19.3	1.15	0.95, 1.37	22.5	18.2	1.08	0.90, 1.29	29.9	23.5	1.42	1.21, 1.66
Marine Corps	17.9	14.5	0.87	0.60, 1.21	23.1	18.7	1.12	0.81, 1.49	24.3	19.1	1.16	0.85, 1.53
Navy	16.3	13.7	0.82	0.61, 1.07	12.7	10.7	0.64	0.46, 0.86	18.1	14.7	0.89	0.68, 1.15
Reserve⁴, all Services	21.9	18.1	1.08	0.86, 1.34	23.1	19.0	1.14	0.91, 1.40	19.3	15.5	0.94	0.74, 1.18
Air Force	-	-	-	-	-	-	-	-	-	-	-	-
Army	21.4	18.0	1.07	0.77, 1.45	29.6	24.8	1.48	1.13, 1.91	24.7	20.3	1.23	0.91, 1.62
Marine Corps	-	-	-	-	-	-	-	-	-	-	-	-
Navy	-	-	-	-	-	-	-	-	-	-	-	-
National Guard⁴, Air Force and Army	19.4	15.7	0.94	0.75, 1.15	28.9	23.2	1.38	1.16, 1.64	28.1	21.9	1.33	1.11, 1.58
Air Force	-	-	-	-	-	-	-	-	19.1	14.6	0.88	0.54, 1.36
Army	21.5	17.5	1.04	0.82, 1.31	33.7	27.3	1.63	1.35, 1.94	30.8	24.1	1.46	1.20, 1.76

¹Unadjusted rate per 100,000 Service members. Rates for subgroups with fewer than 20 suicides are not reported because of statistical instability.

²Rate per 100,000 Service members after adjustment to the age- and gender- specific rates of suicide for the 2013 United States population per WISQARS. See Chapter 1 for more detail. SMR calculated using population rate of 16.77 per 100,000 U.S. population.

³Rate per 100,000 Service members after adjustment to the age- and gender- specific rates of suicide for the 2012 United States population per WISQARS. See Chapter 1 for more detail. SMR calculated using population rate of 16.50 per 100,000 U.S. population.

⁴Rates for the Reserve and National Guard Components of the Selected Reserve include all Service members irrespective of duty status.

Table 7 Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, All Services, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Total	269	19.9	254	18.4	321	22.9
Sex						
Male	252	22.0	239	20.3	297	24.8
Female	17	-	15	-	24	11.7
Race						
American Indian/Alaska Native	3	-	7	-	4	-
Asian/Pacific Islander	7	-	8	-	14	-
Black/African American	42	18.2	33	14.2	44	18.7
White/Caucasian	193	20.8	190	19.9	245	25.2
Other/Unknown	24	22.3	16	-	14	-
Ethnicity						
Hispanic	32	20.1	21	13.3	27	17.2
Non-Hispanic	235	20.3	230	19.4	288	23.9
Unknown	2	-	3	-	6	-
Age						
17-19	7	-	14	-	10	-
20-24	93	21.7	91	20.9	120	27.1
25-29	72	22.4	73	21.8	90	25.8
30-34	51	23.3	31	14.0	49	22.1
35-39	29	19.2	26	16.8	32	20.3
40-44	14	-	11	-	11	-
45-49	1	-	8	-	7	-
50-54	2	-	0	-	2	-
55-59	0	-	0	-	0	-
Unknown	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	1	-	2	-
Unknown enlisted	0	-	0	-	0	-
E1-E4	119	20.7	123	20.7	162	26.6
E5-E9	118	22.4	107	19.9	126	23.2
Officer	29	13.4	23	10.5	25	11.5
Warrant officer	3	-	0	-	6	-

Table continued on next page.

Table 7 (cont.) Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, All Services, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Education						
Some high school	1	-	1	-	3	-
Alternative high school certification	19	-	15	-	27	50.0
High school graduate	174	21.0	169	19.7	215	24.3
Some college, no degree	20	32.6	18	-	16	-
Associate's degree or technical certification	18	-	15	-	18	-
Four-year college degree	27	16.2	23	13.9	23	14.2
Master's degree or greater	6	-	6	-	9	-
Unknown	4	-	7	-	10	-
Marital status						
Never married	104	18.9	106	18.9	134	24.1
Married	141	19.0	124	16.3	173	22.1
Legally separated	0	-	2	-	0	-
Divorced	23	41.2	22	36.7	14	-
Widowed	1	-	0	-	0	-
Unknown	0	-	0	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 8 Frequency and Rate¹ of Suicide in the Reserve Component of the Selected Reserve,² Overall and by Demographic Category, All Services, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Total	80	21.9	86	23.1	73	19.3
Sex						
Male	73	25.4	79	26.9	66	22.1
Female	7	-	7	-	7	-
Race						
American Indian/Alaska Native	2	-	1	-	0	-
Asian/Pacific Islander	4	-	6	-	3	-
Black/African American	9	-	8	-	6	-
White/Caucasian	60	24.0	69	26.9	59	22.5
Other/Unknown	5	-	2	-	5	-
Ethnicity						
Hispanic	9	-	5	-	10	-
Non-Hispanic	68	22.0	80	25.3	63	19.6
Unknown	3	-	1	-	0	-
Age						
17-19	4	-	6	-	4	-
20-24	29	36.8	22	26.7	27	31.9
25-29	14	-	19	-	16	-
30-34	10	-	14	-	9	-
35-39	9	-	8	-	4	-
40-44	3	-	8	-	5	-
45-49	8	-	6	-	3	-
50-54	1	-	2	-	4	-
55-59	2	-	1	-	1	-
Unknown	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	0	-
Unknown enlisted	0	-	0	-	0	-
E1-E4	47	30.3	46	29.0	42	26.5
E5-E9	24	16.8	26	17.7	21	13.8
Officer	9	-	13	-	10	-
Warrant officer	0	-	1	-	0	-

Table continued on next page.

Table 8 (cont.) Frequency and Rate¹ of Suicide in the Reserve Component of the Selected Reserve,² Overall and by Demographic Category, All Services, CY2012-CY2014

	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Education						
Some high school	1	-	4	-	3	-
Alternative high school certification	6	-	5	-	5	-
High school graduate	55	26.5	46	21.4	44	20.1
Some college, no degree	2	-	5	-	5	-
Associate's degree or technical certification	4	-	5	-	1	-
Four-year college degree	8	-	17	-	12	-
Master's degree or greater	4	-	4	-	3	-
Unknown	0	-	0	-	0	-
Marital status						
Never married	46	27.9	38	22.7	41	24.5
Married	28	16.3	38	21.7	25	13.9
Legally separated	0	-	0	-	0	-
Divorced	6	-	10	-	7	-
Widowed	0	-	0	-	0	-
Unknown	0	-	0	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

²Suicides for the Reserve Component of the Selected Reserve are included irrespective of duty status at the time of death.

Table 9 Frequency and Rate³ of Suicide in the National Guard Component of the Selected Reserve,² Overall and by Demographic Category, Air Force and Army, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Total	89	19.4	133	28.9	130	28.1
Sex						
Male	85	22.2	127	32.9	123	31.6
Female	4	-	6	-	7	-
Race						
American Indian/Alaska Native	2	-	1	-	1	-
Asian/Pacific Islander	4	-	3	-	3	-
Black/African American	11	-	17	-	9	-
White/Caucasian	72	19.8	102	29.5	113	30.3
Other/unknown	0	-	10	-	4	-
Ethnicity						
Hispanic	5	-	2	-	4	-
Non-Hispanic	84	20.0	126	29.8	125	29.4
Unknown	0	-	5	-	1	-
Age						
17-19	7	-	6	-	8	-
20-24	35	31.3	43	37.8	37	32.1
25-29	19	-	31	34.3	24	26.5
30-34	12	-	18	-	19	-
35-39	8	-	9	-	9	-
40-44	3	-	14	-	19	-
45-49	2	-	2	-	8	-
50-54	2	-	5	-	4	-
55-59	1	-	0	-	1	-
Unknown	0	-	5	-	1	-
Rank/grade						
Cadet/midshipman	0	-	0	-	0	-
Unknown enlisted	0	-	5	-	1	-
E1-E4	50	24.6	65	31.9	67	32.9
E5-E9	33	16.8	61	30.8	55	27.5
Officer	6	-	2	-	7	-
Warrant officer	0	-	0	-	0	-

Table continued on next page.

Table 9 (cont.) Frequency and Rate³ of Suicide in the National Guard Component of the Selected Reserve,² Overall and by Demographic Category, Air Force and Army, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Education						
Some high school	4	-	3	-	4	-
Alternative high school certification	5	-	20	65.3	14	-
High school graduate	46	24.8	72	38.5	57	30.1
Some college, no degree	15	-	15	-	27	24.4
Associate's degree or technical certification	3	-	4	-	5	-
Four-year college degree	7	-	7	-	13	-
Master's degree or greater	2	-	1	-	3	-
Unknown	7	-	11	-	7	-
Marital status						
Never married	57	25.0	66	29.8	63	29.3
Married	26	12.9	52	25.0	55	25.6
Legally separated	0	-	0	-	0	-
Divorced	6	-	10	-	11	-
Widowed	0	-	0	-	0	-
Unknown	0	-	5	-	1	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

²Suicides for the National Guard Component of the Selected Reserve are included irrespective of duty status at the time of death.

Table 10 Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, Air Force, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Total	60	18.5	48	14.4	50	15.0
Sex						
Male	52	19.8	44	16.3	45	16.7
Female	8	-	4	-	5	-
Race						
American Indian/Alaska Native	0	-	2	-	1	-
Asian/Pacific Islander	0	-	0	-	3	-
Black/African American	9	-	9	-	1	-
White/Caucasian	44	18.8	34	14.1	43	17.8
Other/Unknown	7	-	3	-	2	-
Ethnicity						
Hispanic	4	-	2	-	0	-
Non-Hispanic	56	18.6	46	14.8	48	15.4
Unknown	0	-	0	-	2	-
Age						
17-19	3	-	0	-	2	-
20-24	27	30.1	18	-	24	25.3
25-29	11	-	17	-	11	-
30-34	11	-	5	-	6	-
35-39	7	-	5	-	5	-
40-44	1	-	3	-	2	-
45-49	0	-	0	-	0	-
50-54	0	-	0	-	0	-
55-59	0	-	0	-	0	-
Unknown	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	1	-	2	-
Unknown enlisted	0	-	0	-	0	-
E1-E4	29	24.7	22	18.3	26	21.7
E5-E9	27	19.4	22	15.3	20	13.8
Officer	4	-	3	-	2	-
Warrant officer	0	-	0	-	0	-

Table continued on next page.

Table 10 (cont.) Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, Air Force, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Education						
Some high school	0	-	0	-	0	-
Alternative high school certification	0	-	0	-	0	-
High school graduate	49	28.1	40	21.7	35	18.5
Some college, no degree	0	-	0	-	0	-
Associate's degree or technical certification	6	-	5	-	8	-
Four-year college degree	4	-	2	-	3	-
Master's degree or greater	1	-	1	-	2	-
Unknown	0	-	0	-	2	-
Marital status						
Never married	26	22.4	21	17.7	29	24.5
Married	28	15.0	19	-	16	-
Legally separated	0	-	0	-	0	-
Divorced	5	-	8	-	5	-
Widowed	1	-	0	-	0	-
Unknown	0	-	0	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 11 Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, Army, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Total	122	23.8	120	22.5	165	29.9
Sex						
Male	116	26.3	116	25.1	153	32.0
Female	6	-	4	-	12	-
Race						
American Indian/Alaska Native	1	-	3	-	2	-
Asian/Pacific Islander	4	-	5	-	8	-
Black/African American	27	24.6	16	-	31	27.4
White/Caucasian	84	24.2	94	25.6	122	31.9
Other/Unknown	6	-	2	-	2	-
Ethnicity						
Hispanic	16	-	11	-	10	-
Non-Hispanic	106	24.0	109	23.6	154	32.1
Unknown	0	-	0	-	1	-
Age						
17-19	2	-	5	-	5	-
20-24	35	23.5	43	27.8	49	30.4
25-29	36	30.2	36	28.0	52	37.5
30-34	22	25.2	15	-	27	29.2
35-39	13	-	13	-	21	32.3
40-44	11	-	3	-	5	-
45-49	1	-	5	-	5	-
50-54	2	-	0	-	1	-
55-59	0	-	0	-	0	-
Unknown	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	0	-
Unknown enlisted	0	-	0	-	0	-
E1-E4	53	24.2	65	28.0	81	32.9
E5-E9	55	28.6	43	21.6	65	31.9
Officer	12	-	12	-	13	-
Warrant officer	2	-	0	-	6	-

Table continued on next page.

Table 11 (cont.) Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, Army, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Education						
Some high school	1	-	1	-	1	-
Alternative high school certification	13	-	12	-	23	57.0
High school graduate	66	23.4	68	22.8	101	31.8
Some college, no degree	18	-	14	-	14	-
Associate's degree or technical certification	7	-	5	-	6	-
Four-year college degree	12	-	16	-	13	-
Master's degree or greater	4	-	2	-	6	-
Unknown	1	-	2	-	1	-
Marital status						
Never married	34	18.7	43	22.7	49	25.5
Married	71	23.5	65	20.7	107	32.7
Legally separated	0	-	2	-	0	-
Divorced	17	-	10	-	9	-
Widowed	0	-	0	-	0	-
Unknown	0	-	0	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 12 Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, Marine Corps, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Total	34	17.9	45	23.1	48	24.3
Sex						
Male	32	18.3	42	23.3	45	24.5
Female	2	-	3	-	3	-
Race						
American Indian/Alaska Native	0	-	0	-	1	-
Asian/Pacific Islander	0	-	1	-	1	-
Black/African American	1	-	3	-	8	-
White/Caucasian	28	18.6	35	22.7	35	22.4
Other/Unknown	5	-	6	-	3	-
Ethnicity						
Hispanic	2	-	5	-	5	-
Non-Hispanic	32	20.3	40	24.4	43	25.5
Unknown	0	-	0	-	0	-
Age						
17-19	2	-	7	-	3	-
20-24	13	-	19	-	27	31.1
25-29	11	-	10	-	12	-
30-34	8	-	5	-	4	-
35-39	0	-	1	-	1	-
40-44	0	-	2	-	1	-
45-49	0	-	1	-	0	-
50-54	0	-	0	-	0	-
55-59	0	-	0	-	0	-
Unknown	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	0	-
Unknown enlisted	0	-	0	-	0	-
E1-E4	17	-	27	23.4	36	31.4
E5-E9	13	-	15	-	12	-
Officer	4	-	3	-	0	-
Warrant officer	0	-	0	-	0	-

Table continued on next page.

Table 12 (cont.) Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, Marine Corps, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Education						
Some high school	0	-	0	-	2	-
Alternative high school certification	1	-	2	-	1	-
High school graduate	25	16.1	35	21.9	40	24.7
Some college, no degree	2	-	2	-	1	-
Associate's degree or technical certification	2	-	0	-	1	-
Four-year college degree	4	-	4	-	0	-
Master's degree or greater	0	-	2	-	0	-
Unknown	0	-	0	-	3	-
Marital status						
Never married	14	-	19	-	25	26.7
Married	19	-	22	24.1	23	24.0
Legally separated	0	-	0	-	0	-
Divorced	1	-	4	-	0	-
Widowed	0	-	0	-	0	-
Unknown	0	-	0	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

Table 13 Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, Navy, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Total	53	16.3	41	12.7	58	18.1
Sex						
Male	52	19.5	37	13.9	54	20.3
Female	1	-	4	-	4	-
Race						
American Indian/Alaska Native	2	-	2	-	0	-
Asian/Pacific Islander	3	-	2	-	2	-
Black/African American	5	-	5	-	4	-
White/Caucasian	37	18.9	27	14.0	45	23.3
Other/Unknown	6	-	5	-	7	-
Ethnicity						
Hispanic	10	-	3	-	12	-
Non-Hispanic	41	16.1	35	14.0	43	17.6
Unknown	2	-	3	-	3	-
Age						
17-19	0	-	2	-	0	-
20-24	18	-	11	-	20	19.8
25-29	14	-	10	-	15	-
30-34	10	-	6	-	12	-
35-39	9	-	7	-	5	-
40-44	2	-	3	-	3	-
45-49	0	-	2	-	2	-
50-54	0	-	0	-	1	-
55-59	0	-	0	-	0	-
Unknown	0	-	0	-	0	-
Rank/grade						
Cadet/midshipman	0	-	0	-	0	-
Unknown enlisted	0	-	0	-	0	-
E1-E4	20	15.6	9	-	19	-
E5-E9	23	16.6	27	19.9	29	21.7
Officer	9	-	5	-	10	-
Warrant officer	1	-	0	-	0	-

Table continued on next page.

Table 13 (cont.) Frequency and Rate¹ of Suicide in the Active Component, Overall and by Demographic Category, Navy, CY2012-CY2014						
	2014		2013		2012	
	Count	Rate	Count	Rate	Count	Rate
Education						
Some high school	0	-	0	-	0	-
Alternative high school certification	5	-	1	-	3	-
High school graduate	34	15.7	26	12.1	39	18.0
Some college, no degree	0	-	2	-	1	-
Associate's degree or technical certification	3	-	5	-	3	-
Four-year college degree	7	-	1	-	7	-
Master's degree or greater	1	-	1	-	1	-
Unknown	3	-	5	-	4	-
Marital status						
Never married	30	19.0	23	14.8	31	20.5
Married	23	13.9	18	-	27	16.1
Legally separated	0	-	0	-	0	-
Divorced	0	-	0	-	0	-
Widowed	0	-	0	-	0	-
Unknown	0	-	0	-	0	-

¹Rate per 100,000 Service members. Rates for strata with fewer than 20 suicides were not reported because of statistical instability.

CHAPTER 3

JOINT DATA

ACROSS THE SERVICES

DoDSER Results Summary: All Services

The DoDSER system collects standardized data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among both Active Component Service members and Service members in the Reserves and National Guard who were in a duty status at the time of the event.

Mortality and Suicide attempt Incidence

As of March 31, 2015, the AFMES identified 269 confirmed or pending suicides among Active Component Service members and 21 among Service members in the Reserve and National Guard Components of the SELRES who were in a duty status at the time of death. A DoDSER report was submitted for 281 of these deaths. These DoDSER reports were used in the generation of the data tables included in this section.

There were 1,126 suicide attempt DoDSER reports submitted by the Services. These reports provided data on 1,096 unique Service members—1,067 (97.4%) with one reported attempt and 29 (2.6%) with two or more reported attempts. Five suicide DoDSER reports were associated with one or more suicide attempt DoDSER reports in CY 2013 or CY 2014. The median number of days between the most recent suicide attempt and the reported suicide was 108.

Demographics

Demographic variables for all suicide and suicide attempt DoDSER reports are displayed in Table 14.

Across the Services, the most common demographic features for suicides included these characteristics:

- Male (n = 264, 94.0%)
- White/Caucasian racial identity (n = 202, 71.9%)
- Non-Hispanic ethnicity (n = 246, 87.5%)
- Less than 30 years of age (n = 175, 62.3%)
- A high-school graduate level of education (n = 202, 71.9%)
- Enlisted (n = 248, 88.3%)
- Married (n = 146, 52.0%)

Across the services, the most common demographic features for suicide attempt DoDSER reports included:

- Male (n = 824, 73.2%)
- White/Caucasian racial identity (n = 788, 70.0%)
- Non-Hispanic ethnicity (n = 990, 87.9%)
- Less than 30 years of age (n = 881, 78.2%)
- A high-school graduate level of education (n = 921, 81.8%)
- Junior enlisted (E1-E4, n = 777, 69.0%)
- Approximately evenly distributed between never married (n = 518, 46.0%) and married (n = 526, 46.7%)

The largest demographic differences between suicide and suicide attempt DoDSER reports were in the prevalence of females (26.8% for suicide attempt DoDSER reports versus 6.0% for suicide DoDSER reports) and rank status (69.0% E1-E4 for suicide attempt DoDSER reports versus 42.7% for suicide DoDSER reports).

Event Information

Detailed descriptive statistics on the locations, contexts and methods of suicide and suicide attempts are presented in this section and in Table 15. These data describe the circumstances surrounding the suicide event itself and address both the antecedents and consequences of the event.

Figure 1 depicts the proportion of DoDSER reports—including both suicide-related deaths and suicide attempts—that identified the use of a firearm, hanging and drug/alcohol overdose over the past three years. Suicide DoDSER reports described more frequent firearm use and hanging than did suicide

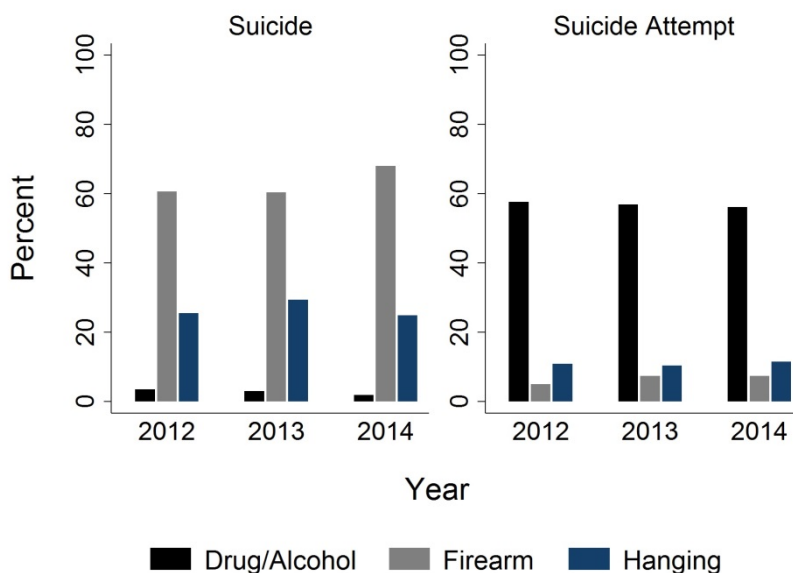


Figure 1. Proportion of suicide and suicide attempt DoDSER reports (all Services) that reported drug/alcohol use, firearm, and hanging as the method of injury, CY 2012-2014.

attempt reports. The majority of the firearms use reported in suicide DoDSER reports did not involve military weapons ($n = 177$, 92.2% of suicide DoDSER reports with a firearm as the mechanism of injury). Overall, the prevalence of the three injury mechanisms was consistent over time within suicide and suicide attempt DoDSER reports. The prevalence of firearm use in suicide DoDSER reports was higher for CY 2014 compared to CY 2013, but the difference was not statistically significant ($OR = 1.43$, 95% $CI = 0.99, 2.08$). The prevalence of drug or alcohol use as the primary event method reported in suicide attempt DoDSER reports was consistent with CY 2013 ($OR = 0.96$, 95% $CI = 0.80, 1.15$).

Alcohol use was identified in 28.8% of suicide DoDSER reports and in 35.2% of suicide attempt DoDSER reports, regardless of whether it was the primary cause, used in conjunction with another method (e.g., overdose/intentional drunk driving) or facilitated the use of another means. Drug use during the event was not commonly identified for suicide DoDSER reports (15.7%), but it was reported in 51.6% of suicide attempt DoDSER reports. The data on alcohol and drug use for suicides was obtained from postmortem examination toxicology reports provided by AFMES. The high proportion of “unknown” responses reflects inconclusive results, no toxicology examination or an inability to access a toxicology report from a civilian authority.

Behavioral Health History

Data on behavioral health variables are provided in Table 16. Figure 2 displays the proportion of suicide and suicide attempt

DoDSER reports that indicated a history of any behavioral health diagnosis (ever), prior self-injury (ever) or use of psychotropic medications (within 90 days prior to the event) for CY 2012–CY 2014. The prevalence of any behavioral health diagnosis and the use of psychotropic medications were consistent for suicide DoDSERs between CY 2013 and CY 2014. The prevalence of a prior history of self-harm was elevated for suicide

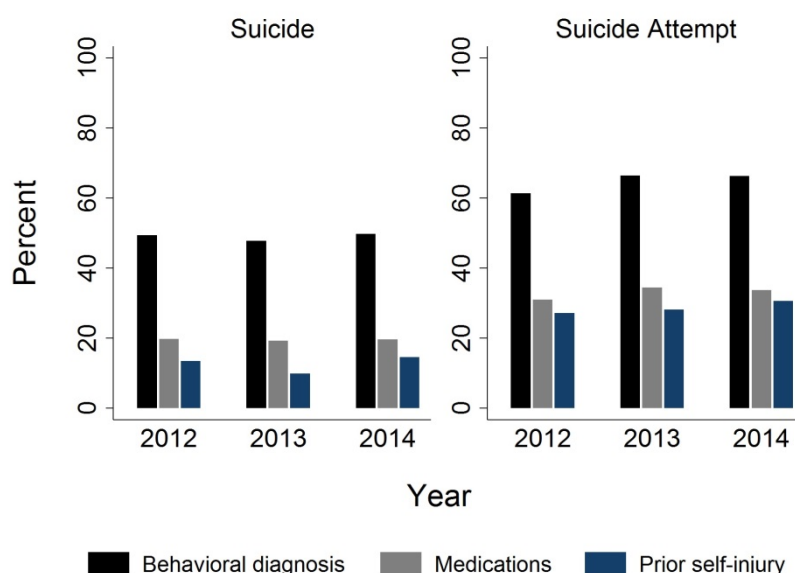


Figure 2. Proportion of suicide and suicide attempt DoDSER reports (all Services) that reported any behavioral health diagnosis ever, psychotropic medication use in the 90 days prior to the event, or prior self-injury ever, CY 2012–CY 2014.

DoDSERs in CY 2014, but the difference in comparison to CY 2013 was not statistically significant (OR = 1.66, 95% CI = 0.97, 2.84). The prevalence of all three variables in suicide attempt DoDSERs was consistent between CY 2013 and CY 2014. For CY 2014, suicide DoDSER reports had a lower prevalence of all three variables compared to suicide attempt DoDSERs (behavioral health diagnosis [OR = 0.48, 95% CI = 0.36, 0.65]; prior history of self-harm [OR = 0.49, 95% CI = 0.34, 0.72]; use of psychotropic medications [OR = 0.48, 95% CI = 0.34, 0.69]. The most common behavioral health diagnoses identified in suicide DoDSER reports included mood (n = 74, 26.3%), adjustment (n = 68, 24.2%) and substance abuse (n = 62, 22.1%) disorders. For suicide attempt DoDSER reports, the most common diagnoses identified were mood (n = 370, 32.9%), substance abuse (n = 309, 27.4%) and adjustment disorders (n = 305, 27.1%).

Psychosocial Stressors

Psychosocial factors included in DoDSER reports pertained to information collected about relationships, family issues, legal or administrative problems, work and financial difficulties, and alleged abuse victimization or perpetration. Table 17 provides descriptive data for each of these factors. Overall, 187 suicide DoDSERs (66.5%) and 877 suicide attempt DoDSERs (77.9%) reported at least one of these stressors. Figure 3 displays the proportion of suicide and suicide attempt DoDSER reports that reported relationship, administrative/legal and workplace/financial difficulties during the 90 days prior to the event. There were no statistically significant differences in the prevalence of these three types of stressors between CY 2013 and CY 2014 for suicide or suicide attempt DoDSER reports. In CY 2014, the prevalence of workplace difficulties was lower for suicide DoDSER reports as compared to suicide attempt DoDSER reports (OR = 0.49, 95% CI = 0.35, 0.69).

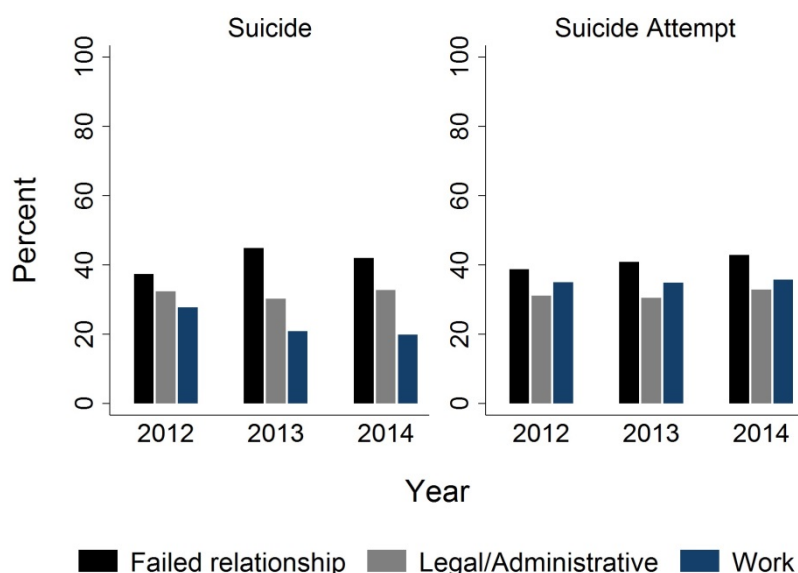


Figure 3. Proportion of suicide and suicide attempt DoDSER reports (all Services) that reported failed relationships, legal/administrative problems or workplace difficulties in the 90 days prior to the event.

In this report, DoDSER cases were matched against cases of sexual assault that had been collected through the DoD's option to make an Unrestricted Report of Sexual Assault. According to the SAPRO data, 0 suicide DoDSER reports and 28 suicide attempt DoDSER reports were associated with an unrestricted report of sexual assault during the year prior to the event. Table 17 provides the number of sexual assaults recorded via the DoDSER report form.

Deployment

A history of deployment was a factor in 54.4% of suicide and 39.4% of suicide attempt DoDSER reports. The prevalence of any deployment history decreased in CY 2014 compared to CY 2013 for both suicide DoDSER reports (OR = 0.50, 95% CI = 0.33, 0.77) and suicide attempt DoDSER reports (0.55, 95% CI = 0.44, 0.68). For CY 2014, there was no statistically significant difference in the prevalence of deployment history between suicide and suicide attempt DoDSER reports (OR = 1.23, 95% CI = 0.87, 1.75).

Table 14 Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		281	-	1,126	-
Sex					
Male		264	94.0	824	73.2
Female		17	6.0	302	26.8
Age at event					
17-19		6	2.1	82	7.3
20-24		96	34.2	538	47.8
25-29		73	26.0	261	23.2
30-34		52	18.5	125	11.1
35-39		34	12.1	69	6.1
40-44		14	5.0	38	3.4
45-59		6	2.1	13	1.2
Race					
American Indian/Alaska Native		2	0.7	20	1.8
Asian/Pacific Islander		8	2.8	38	3.4
Black/African American		44	15.7	233	20.7
White/Caucasian		202	71.9	788	70.0
Other/Unknown		25	8.9	47	4.2
Hispanic ethnicity					
Yes		33	11.7	134	11.9
No		246	87.5	990	87.9
Unknown		2	0.7	2	0.2
Education					
Some high school, did not graduate		2	0.7	4	0.4
Alternative high school certification		18	6.4	67	6.0
High school graduate		202	71.9	921	81.8
Some college or technical school, no degree or certificate		0	0.0	8	0.7
College degree of less than four years		17	6.0	55	4.9
Four-year college degree		30	10.7	54	4.8
Master's degree or greater		7	2.5	17	1.5
Unknown		5	1.8	0	0.0
Component					
Active		261	92.9	1,080	95.9
Reserve		11	3.9	20	1.8
National Guard		9	3.2	26	2.3

Table continued on next page.

Table 14 (cont.) Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Marital status				
Never married	106	37.7	518	46.0
Married	146	52.0	526	46.7
Separated	0	0.0	5	0.4
Divorced	28	10.0	74	6.6
Widowed	1	0.4	2	0.2
Unknown	0	0.0	1	0.1
Rank/grade				
Cadet	0	0.0	2	0.2
E1-E4	120	42.7	777	69.0
E5-E9	128	45.6	296	26.3
Officer	33	11.7	51	4.5
DoD occupational category				
Enlisted				
Infantry, gun crews, and seamanship specialists	59	21.0	185	16.4
Electronic equipment repairers	19	6.8	83	7.4
Communications and intelligence specialists	24	8.5	117	10.4
Health care specialists	13	4.6	98	8.7
Other technical and allied specialists	12	4.3	50	4.4
Functional support and administration	24	8.5	166	14.7
Electrical/mechanical equipment repairers	53	18.9	154	13.7
Crafts workers	7	2.5	22	2.0
Service and supply handlers	28	10.0	149	13.2
Non-occupational	7	2.5	32	2.8
Unknown	2	0.7	17	1.5
Officer				
Tactical operations officers	12	4.3	11	1.0
Intelligence officers	4	1.4	5	0.4
Engineering and maintenance officers	5	1.8	6	0.5
Scientists and professionals	4	1.4	2	0.2
Health care officers	2	0.7	12	1.1
Administrators	1	0.4	5	0.4
Supply, procurement and allied officers	2	0.7	8	0.7
Non-occupational	3	1.1	4	0.4

¹ Demographic and Service characteristics provided by the DMDC.

Table 15 Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	281	-	1,126	-
Event location country				
United States	254	90.0	958	85.1
Iraq	1	0.4	1	0.1
Afghanistan	6	2.1	18	1.6
Kuwait	0	0.0	7	0.6
Korea	1	0.4	34	3.0
Other Europe	1	0.4	4	0.4
North America	2	0.7	2	0.2
Japan	5	1.8	28	2.5
Belgium	0	0.0	2	0.2
Germany	5	1.8	39	3.5
United Kingdom	0	0.0	6	0.5
Other	6	2.1	27	2.4
Event setting				
Own residence	143	50.9	473	42.0
Barracks	40	14.2	440	39.1
Residence of friend or family	16	5.7	47	4.2
Work/jobsite	11	3.9	29	2.6
Automobile	26	9.3	60	5.3
Inpatient medical facility	0	0.0	5	0.4
Hotel	8	2.8	16	1.4
Recreational area	12	4.3	7	0.6
Other	21	7.5	47	4.2
Unknown	4	1.4	2	0.2
Event method¹				
Drugs/alcohol	5	1.8	633	56.2
Hanging/asphyxiation	70	24.9	130	11.5
Poisoning	3	1.1	34	3.0
Firearm	192	68.3	82	7.3
Military firearm ²	14	-	15	-
Non-military firearm ²	177	-	67	-
Firearm of unknown origin ²	1	-	0	-
Falling/Jumping	9	3.2	7	0.6
Sharp/blunt object ³	-	-	156	13.9
Other	1	0.4	64	5.7
Pending/Unknown	1	0.4	20	1.8

Table continued on next page.

Table 15 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Alcohol use during event¹				
Yes	81	28.8	396	35.2
No	102	36.3	689	61.2
Unknown	98	34.9	41	3.6
Drug use during event¹				
Yes ⁴	44	15.7	581	51.6
Illicit drug use				
<i>Used, overdose</i>	0	-	47	-
<i>Used, no overdose</i>	2	-	19	-
Prescription drug use				
<i>Used, overdose</i>	3	-	347	-
<i>Used, no overdose</i>	22	-	76	-
Non-prescription drug use				
<i>Used, overdose</i>	1	-	168	-
<i>Used, no overdose</i>	18	-	45	-
No	121	43.1	529	47.0
Unknown	116	41.3	16	1.4
Alcohol and drug use during event¹				
Yes	18	6.4	200	18.4
No	146	52.0	875	77.7
Unknown	117	41.6	46	4.1
Communicated potential for self-harm				
Yes	82	29.2	258	22.9
Manner ⁴				
<i>Written</i>	6	-	17	-
<i>Verbal</i>	56	-	161	-
<i>Text</i>	26	-	105	-
<i>Other</i>	6	-	5	-
Number of recipients				
<i>One</i>	64	-	195	-
<i>More than one</i>	18	-	63	-

Table continued on next page.

Table 15 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Recipients⁴				
Supervisor	10	-	34	-
Chaplain	1	-	4	-
Mental health staff	17	-	53	-
Friend	21	-	97	-
Spouse	37	-	96	-
Family member (other than spouse)	9	-	20	-
Other	12	-	34	-
No	168	59.8	835	74.2
Unknown	31	11.0	33	2.9
Death-risk gambling				
Yes	0	0.0	14	1.3
No	246	87.5	1,102	97.9
Unknown	35	12.5	10	0.9
Planned/premeditated				
Yes	125	44.5	327	29.0
No	81	28.8	712	63.2
Unknown	75	26.7	87	7.7
Event occurred where it could be observed by others				
Yes	52	18.5	449	39.9
No	201	71.5	630	56.0
Unknown	28	10.0	47	4.2
Suicide note left				
Yes	66	23.5	149	13.2
No	169	60.1	949	84.3
Unknown	46	16.4	28	2.5
Residence at time of event				
Barracks	57	20.3	474	42.1
Bachelor enlisted/officer quarters	7	2.5	26	2.3
On-base family housing	12	4.3	76	6.7
Off-base	170	60.5	470	41.7
Ship	5	1.8	8	0.7
Other	14	5.0	62	5.5
Unknown	16	5.7	10	0.9

Table continued on next page.

Table 15 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Marital status residence				
Not married	145	51.6	599	53.2
Married, resides with spouse	68	24.2	242	21.5
Married, not living together, relationship issues	42	14.9	113	10.0
Married, not living together, other reasons	17	6.0	87	7.7
Married, unknown if resides with spouse	19	6.8	84	7.5
Unknown	9	3.2	1	0.1
Reside alone at time of event				
Yes	105	37.4	448	39.8
No	159	56.6	650	57.7
Unknown	17	6.0	28	2.5
Has and resides with child				
Yes, live with Service member	48	17.1	166	14.7
Yes, do not live with Service member	64	22.8	174	15.5
Does not have children	150	53.4	777	69.0
Unknown	19	6.8	9	0.8
Gun in home/immediate environment				
Yes	178	63.3	162	14.4
No	72	25.6	900	79.7
Unknown	31	11.0	64	5.7
Duty environment⁴				
Garrison/permanent command	207	73.7	938	83.3
Leave	22	7.8	27	2.4
TDY	4	1.4	16	1.4
Deployed	15	5.3	40	3.6
Training	13	4.6	52	4.6
Psychiatric hospitalization	1	0.4	5	0.4
Medical hold	11	3.9	29	2.6
Other	10	3.6	63	5.6

¹Based on data provided by AFMES for suicide decedents. Cause of death or injury categories based on established ICD-10 coding groups.

²Type of firearm used based on DoDSER data for suicides identified by AFMES as having died by use of a firearm.

³Category not represented in ICD-10 coding groups for cause of death or injury; data are provided only for suicide attempt DoDSER reports.

⁴Response subcategories are not mutually exclusive.

Table 16 Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	281	-	1,126	-
Any mental health diagnosis				
Yes	140	49.8	746	66.3
Number of mental health diagnoses				
1	58	-	323	-
2	31	-	218	-
More than 2	37	-	205	-
No	138	49.1	379	33.7
Unknown	3	1.1	1	0.1
History of any mood disorder				
Yes¹	74	26.3	370	32.9
<i>Bipolar disorder</i>	5	-	31	-
<i>Major depressive disorder</i>	40	-	248	-
<i>Dysthymic disorder</i>	11	-	21	-
<i>Other mood disorder</i>	30	-	91	-
No	201	71.5	739	65.6
Unknown	6	2.1	17	1.5
History of any anxiety disorder				
Yes¹	59	21.0	288	25.6
<i>Post-traumatic stress</i>	28	-	155	-
<i>Panic disorder</i>	2	-	24	-
<i>Generalized anxiety disorder</i>	17	-	68	-
<i>Acute stress disorder</i>	2	-	10	-
<i>Other anxiety disorder</i>	26	-	82	-
No	214	76.2	822	73.0
Unknown	8	2.8	16	1.4
History of any personality disorder				
Yes	9	3.2	80	7.1
No	266	94.7	1,032	91.7
Unknown	6	2.1	14	1.2
History of any psychotic disorder				
Yes	2	0.7	11	1.0
No	273	97.2	1,107	98.3
Unknown	6	2.1	8	0.7

Table continued on next page.

Table 16 (cont.) Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
History of adjustment disorder				
Yes	68	24.2	305	27.1
No	206	73.3	804	71.4
Unknown	7	2.5	17	1.5
History of substance abuse				
Yes	62	22.1	309	27.4
No	202	71.9	794	70.5
Unknown	17	6.0	23	2.0
History of any sleep disorder				
Yes	40	14.2	144	12.8
No	233	82.9	970	86.1
Unknown	8	2.8	12	1.1
History of traumatic brain injury				
Yes	14	5.0	61	5.4
No	254	90.4	1,057	93.9
Unknown	13	4.6	8	0.7
Family history of mental illness				
Yes	37	13.2	347	30.8
No	143	50.9	687	61.0
Unknown	101	35.9	92	8.2
Prior self-injury				
Yes	41	14.6	345	30.6
Number of incidents				
One	25	-	188	-
More than one	16	-	154	-
Unknown	0	-	3	-
Prior incident similar to current event				
Yes	13	-	179	-
No	24	-	150	-
Unknown	4	-	16	-
No	218	77.6	759	67.4
Unknown	22	7.8	22	2.0

Table continued on next page.

Table 16 (cont.) Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Ever taken psychotropic medications				
Yes	82	29.2	473	42.0
No	178	63.3	631	56.0
Unknown	21	7.5	22	2.0
Use of psychotropic medications, last 90 days				
Yes ¹	55	19.6	380	33.7
<i>Antidepressants</i>	43	-	329	-
<i>Anxiolytics</i>	21	-	161	-
<i>Antimanics</i>	1	-	15	-
<i>Anticonvulsants</i>	5	-	16	-
<i>Antipsychotics</i>	6	-	37	-
<i>Sleep medications</i>	25	-	194	-
No	205	73.0	722	64.1
Unknown	21	7.5	24	2.1
Use of opioid medications, last 90 days				
Yes	6	2.1	50	4.4
No	236	84.0	1,034	91.8
Unknown	39	13.9	42	3.7
Met criteria for polypharmacy				
Yes	11	3.9	101	9.0
No	252	89.7	976	86.7
Unknown	18	6.4	49	4.4
Accessed health or social services, last 90 days				
Yes ¹	171	60.9	754	67.0
<i>Medical treatment facility</i>	153	-	573	-
<i>Substance abuse services</i>	19	-	122	-
<i>Family assistance Program</i>	16	-	60	-
<i>Outpatient mental health</i>	91	-	550	-
<i>Inpatient mental health</i>	17	-	164	-
No	107	38.1	372	33.0
Unknown	3	1.1	0	0.0

¹Response subcategories are not mutually exclusive.

Table 17 <i>Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014</i>	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	281	-	1,126	-
Failed or failing relationship, last 90 days				
Yes¹	118	42.0	483	42.9
<i>Intimate relationship</i>	103	-	436	-
<i>Other relationship</i>	35	-	120	-
No	136	48.4	637	56.6
Unknown	27	9.6	6	0.5
Friend and family stressors, last 90 days				
Yes¹	8	2.8	109	9.7
<i>Death of spouse or other family member (manner other than suicide)</i>	4	-	44	-
<i>Death of friend (manner other than suicide)</i>	0	-	32	-
<i>Serious illness of friend or family member</i>	4	-	51	-
No	244	86.8	997	88.5
Unknown	29	10.3	20	1.8
History of friend or family death by suicide				
Yes¹	16	5.7	178	15.8
<i>Spouse</i>	0	-	2	-
<i>Family member</i>	8	-	68	-
<i>Friend</i>	9	-	129	-
No	250	89.0	941	83.6
Unknown	15	5.3	7	0.6
Administrative/legal problems, last 90 days				
Yes¹	92	32.7	370	32.9
<i>Courts martial proceedings</i>	3	-	22	-
<i>Article 15/Non-judicial punishment</i>	22	-	121	-
<i>Administrative separation proceedings</i>	19	-	106	-
<i>Away without leave/deserter status</i>	15	-	26	-
<i>Medical evaluation board proceedings</i>	12	-	98	-
<i>Civil legal proceedings</i>	37	-	67	-
<i>Non-selection for promotion</i>	7	-	26	-
<i>Under investigation</i>	34	-	97	-
No	178	63.3	751	66.7
Unknown	11	3.9	5	0.4

Table continued on next page.

Table 17 (cont.) Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Excessive debt/bankruptcy, last 90 days					
Yes		18	6.4	79	7.0
No		219	77.9	999	88.7
Unknown		44	15.7	48	4.3
Workplace difficulties, last 90 days					
Yes ¹		56	19.9	403	35.8
Job problems		42	-	292	-
Supervisor/coworker issues		23	-	266	-
Poor performance review		17	-	130	-
Unit/workplace hazing		1	-	28	-
No		205	73.0	707	62.8
Unknown		20	7.1	16	1.4
Abuse, assault, or harassment victimization, last year					
Yes ¹		13	4.6	136	12.1
Physical abuse or assault		3	-	64	-
Sexual abuse or assault ²		1	-	37	-
Sexual assault ³		0	-	28	-
Emotional abuse		11	-	82	-
Sexual harassment		0	-	30	-
No		239	85.1	968	86.0
Unknown		29	10.3	22	2.0
Abuse, assault, or harassment perpetration, last year					
Yes ¹		27	9.6	71	6.3
Physical abuse or assault		17	-	42	-
Sexual abuse or assault		8	-	25	-
Emotional abuse		12	-	25	-
Sexual harassment		2	-	6	-
No		227	80.8	1,028	91.3
Unknown		27	9.6	27	2.4

¹Response subcategories are not mutually exclusive.

²Data based on response to a specific item in DoDSER.

³Data provided by SAPRO on unrestricted reports of sexual assault during the year prior to the event. These data represent a subset, and are not inclusive of all sexual assault cases. For more information please visit:

<http://sapr.mil/index.php/annual-reports>

Table 18 Deployment History¹ for All Suicide and Suicide Attempt DoDSER Reports, All Services, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		281	-	1,126	-
Ever deployed					
Yes		153	54.4	444	39.4
Specific locations²					
<i>Iraq</i>		70	-	187	-
<i>Afghanistan</i>		90	-	265	-
<i>Kuwait</i>		97	-	244	-
Number of deployments					
1		59	-	214	-
2		48	-	118	-
3 or more		46	-	112	-
No		128	45.6	685	60.6
Event occurred during deployment					
Yes		8	2.8	28	2.5
<i>Afghanistan</i>		6	-	18	-
<i>Kuwait</i>		0	-	5	-
<i>Other location</i>		2	-	5	-
No		273	97.2	1,098	97.5
History of direct combat					
Yes²		41	14.6	173	15.4
<i>Combat resulting in casualties/wounded</i>		26	-	113	-
<i>Wounded or injured in combat</i>		5	-	36	-
<i>Witnessed a kill</i>		25	-	119	-
<i>Saw bodies of other Service members</i>		27	-	119	-
<i>Killed others in combat</i>		17	-	66	-
No		195	69.4	904	80.3
Unknown		45	16.0	49	4.4

¹Deployment data, excluding history of direct combat, provided by the DMDC from the CTS.

²Response subcategories are not mutually exclusive.

CHAPTER 4

U.S. AIR FORCE



DoDSER Results Summary: Air Force

The DoDSER system collects standardized data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among both Active Component Service members and Service members in the Reserves and National Guard who were in a duty status at the time of the event.

Mortality and Suicide Attempt Incidence

According to the AFMES, as of March 31, 2015, a total of 60 suicides occurred among Air Force Active Component Service members and 3 occurred among Service members in the Air Force Reserve and Air National Guard who were in a duty status at the time of death during CY 2014. A DoDSER was submitted for 60 of these suicides. These DoDSER reports were used in the generation of the data tables included in this section.

There were 247 suicide attempt DoDSER reports submitted by the Air Force. These reports provided data on 236 unique Service members—226 (95.8%) with 1 reported attempt and 10 (4.2%) with 2 or more reported attempts.

Demographics

Demographic variables for all suicide and suicide attempt DoDSER reports are displayed in Table 19.

For the Air Force, the most common demographic features for suicide DoDSER reports included these following characteristics:

- Male (n = 52, 86.7%)
- White/Caucasian racial identity (n = 43, 71.7%)
- Non-Hispanic ethnicity (n = 57, 95.0%)
- Less than 30 years of age (n = 40, 66.7%)
- A high-school graduate level of education (n = 48, 80.0%).
- Enlisted (n = 56, 93.3%)
- Approximately evenly distributed between never married (n = 25, 41.7%) and married (n = 28, 46.7%)

The most common demographic features for suicide attempt DoDSER reports included:

- Male (n = 168, 68.0%)
- White/Caucasian racial identity (n = 166, 67.2%)
- Non-Hispanic ethnicity (n = 239, 96.8%)
- Less than 30 years of age (n = 198, 80.2%)
- A high-school graduate level of education (n = 198, 80.2%)
- Junior enlisted (E1-E4, n = 164, 66.4%)
- Approximately evenly distributed between never married (n = 103, 41.7%) and married (n = 116, 47.0%)

The largest demographic differences between suicide and suicide attempt DoDSER reports were in the prevalence of females (32.0% for suicide attempt DoDSER reports versus 13.3% for suicide DoDSER reports) and rank status (66.4% E1-E4 for suicide attempt DoDSER reports versus 48.3% for suicide DoDSER reports).

Event Information

Detailed descriptive statistics on the locations, contexts and methods of suicide and suicide attempts are presented in this section and in Table 20. These data describe the circumstances surrounding the suicide event itself and address both the antecedents and consequences of the event.

Figure 4 depicts the proportion of Air Force DoDSER reports—including both suicide-related deaths and suicide attempts—that identified the use of a firearm, hanging, and drug/alcohol overdose over the past three years. Suicide DoDSER reports described more frequent reports of firearm use and hanging than did suicide attempt DoDSER reports. The majority of the firearm use recorded in suicide DoDSER reports did not involve military weapons (n = 40, 95.2% of the suicide DoDSER reports involving a firearm as the mechanism of

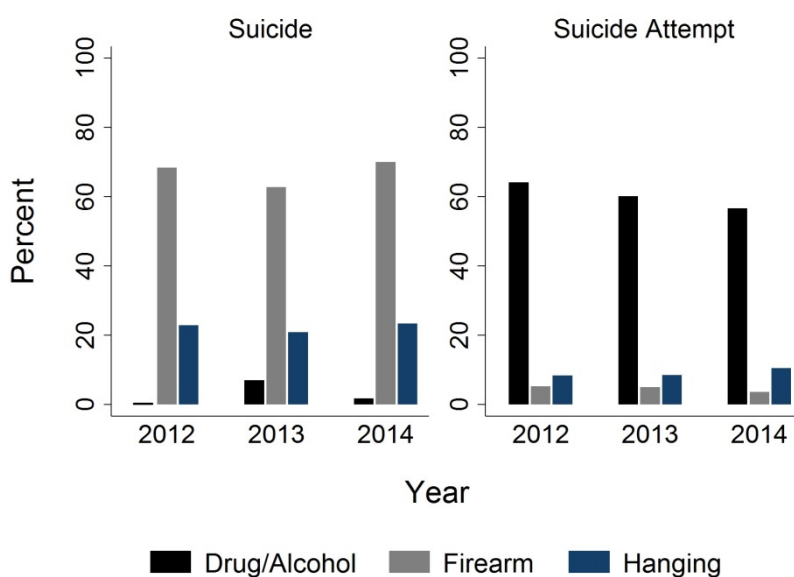


Figure 4. Proportion of Air Force suicide and suicide attempt DoDSERs that reported drug/alcohol use, firearm, and hanging as the method of injury, CY 2012 – 2014.

injury). The prevalence of firearm use in suicide DoDSER reports was higher for CY 2014 compared to CY 2013, but the difference was not statistically significant (OR = 1.62, 95% CI = 0.66, 3.99). The prevalence of drug or alcohol use as the primary mechanism of injury in suicide attempt DoDSERs for CY 2014 was consistent with that observed for CY 2013 (OR = 0.85, 95% CI = 0.57, 1.27).

Alcohol use was identified in 18 Air Force suicide DoDSER reports (30.0%) and in 107 Air Force suicide attempt DoDSER reports (43.3%), regardless of whether it was the primary cause, used in conjunction with another method (e.g., overdose/intentional drunk driving) or facilitated the use of another means. Drug use during the event was not commonly identified for suicide DoDSER reports (n = 8, 13.3%), but it was reported in 139 suicide attempt DoDSER reports (56.3%). The data on alcohol and drug use for suicides was provided by toxicology reports from postmortem examinations from AFMES. The high proportion of “unknown” responses reflects inconclusive results, no toxicology examination or an inability to access a toxicology report from a civilian authority.

Behavioral Health History

Data on behavioral health variables are provided in Table 21. Figure 5 displays the proportion of Air Force suicide and suicide attempt DoDSER reports that indicated a history of any behavioral health diagnosis (ever), prior self-injury (ever) or use of psychotropic medications (within 90 days prior to the event) for CY 2012 – CY 2014. The prevalence of behavioral health diagnoses and psychotropic medication use reported in suicide DoDSERs in CY 2014 was consistent with the prevalence estimates reported in CY 2013 DoDSER reports. The prevalence of prior self-injury was higher in suicide DoDSER reports for CY 2014 compared to CY 2013; however, given the small number of reports that indicated this determinant in CY 2013, we could not estimate a reliable statistical comparison. The prevalence

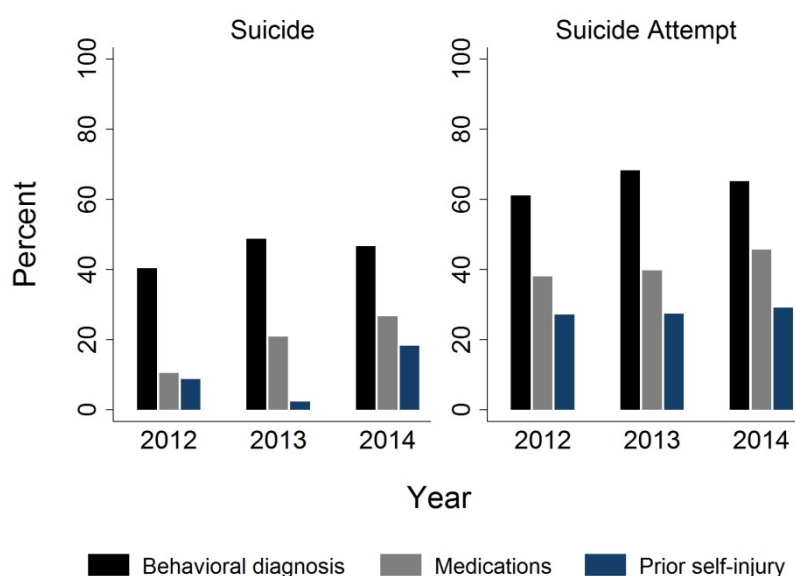


Figure 5. Proportion of Air Force suicide and suicide attempt DoDSER reports that reported any behavioral health diagnosis ever, psychotropic medication use in the 90 days prior to the event, or prior self-injury ever, CY 2012-CY 2014.

estimates of these determinants in CY 2014 suicide attempt DoDSER reports were consistent with those observed for CY 2013. For CY 2014, we observed a lower prevalence of a history of any behavioral health diagnosis (OR = 0.45, 95% CI = 0.24, 0.84) and use of psychotropic medications (OR = 0.41, 95% CI = 0.21, 0.81) in suicide DoDSER reports compared to suicide attempt DoDSER reports. The most common behavioral health diagnoses identified in suicide DoDSER reports included mood (n = 17, 28.3%), adjustment (n = 14, 23.3%) and anxiety (n = 13, 21.7%) disorders. For suicide attempt DoDSER reports, the most common diagnoses identified were also mood (n = 90, 36.4%), adjustment (n = 79, 32.0%) and anxiety disorders (n = 61, 24.7%).

Psychosocial Stressors

Psychosocial factors included in the DoDSER report form pertain to information collected about relationships, family issues, legal or administrative problems, work and financial difficulties, and alleged abuse victimization or perpetration. Overall, 40 suicide DoDSER reports (66.7%) and 208 suicide attempt DoDSER reports (86.0%) indicated the presence of at least one of these factors. Table 22 provides descriptive data for each factor. Figure 6 displays the proportion of suicide and suicide attempt DoDSER reports that reported relationship, administrative/legal, workplace and financial difficulties during the 90 days prior to the event. The prevalence of failed or failing relationships decreased in suicide DoDSER reports for CY 2014 compared to CY 2013, but this decrease was not statistically significant (OR = 0.49, 95% CI = 0.21, 1.15).

The other factors were largely consistent between the two years. Similarly, there were no statistically significant differences in the prevalence of these three types of stressors between CY 2013 and CY 2014 for suicide or suicide attempt DoDSER reports. There were no statistically significant differences in the prevalence of these factors between suicide and suicide attempt DoDSER reports in CY 2014.

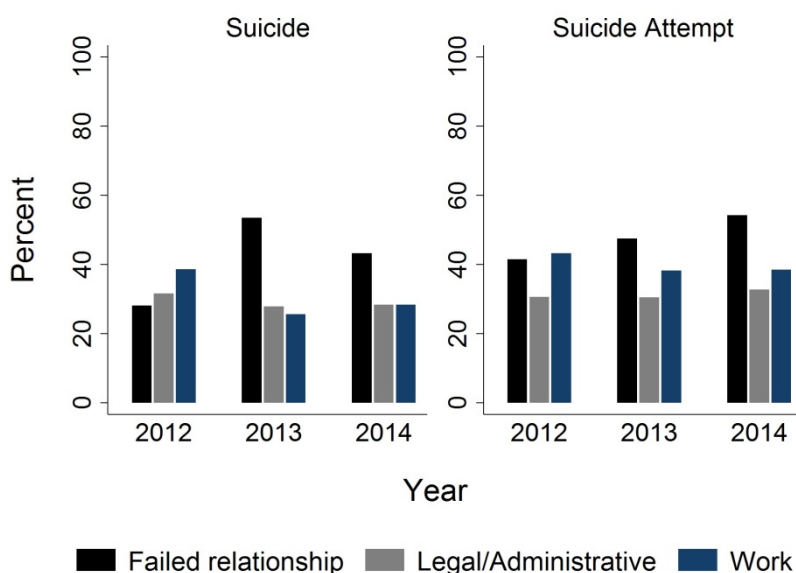


Figure 6. Proportion of Air Force suicide and suicide attempt DoDSER reports that reported failed relationships, legal/administrative problems or workplace difficulties in the 90 days prior to the event.

In this report, DoDSER cases were matched against cases of sexual assault that had been collected through the DoD's option to make an Unrestricted Report of Sexual Assault. According to the SAPRO data, 0 suicide DoDSER reports and 8 suicide attempt DoDSER reports were associated with an unrestricted report of sexual assault during the year prior to the event. Table 22 provides the number of sexual assaults recorded via the DoDSER report form.

Deployment

A history of deployment was a factor in 50% of suicide and 39.7% of suicide attempt DoDSER reports. The prevalence of a history of at least one deployment was consistent between CY 2013 and CY 2014 for both suicide DoDSER reports (OR = 0.87, 95% CI = 0.35, 2.17) and suicide attempt DoDSER reports (OR = 0.91, 95% CI = 0.58, 1.42). For CY 2014, there was no statistical difference in the prevalence of deployment history between suicide and suicide attempt DoDSER reports (OR = 1.19, 95% CI = 0.58, 2.44).

Table 19 Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		60	-	247	-
Sex					
Male		52	86.7	168	68.0
Female		8	13.3	79	32.0
Age at event					
17-19		3	5.0	9	3.6
20-24		27	45.0	119	48.2
25-29		10	16.7	70	28.3
30-34		11	18.3	25	10.1
35-39		8	13.3	12	4.9
40-44		1	1.7	8	3.2
45-59		0	0.0	4	1.6
Race					
American Indian/Alaska Native		0	0.0	5	2.0
Asian/Pacific Islander		1	1.7	7	2.8
Black/African American		9	15.0	46	18.6
White/Caucasian		43	71.7	166	67.2
Other/Unknown		7	11.7	23	9.3
Hispanic ethnicity					
Yes		3	5.0	8	3.2
No		57	95.0	239	96.8
Unknown		0	0.0	0	0.0
Education					
Some high school, did not graduate		1	1.7	0	0.0
Alternative high school certification		0	0.0	0	0.0
High school graduate		48	80.0	198	80.2
Some college or technical school, no degree or certificate		0	0.0	3	1.2
College degree of less than four years		6	10.0	29	11.7
Four-year college degree		4	6.7	11	4.5
Master's degree or greater		1	1.7	6	2.4
Unknown		0	0.0	0	0.0
Component					
Active		58	96.7	243	98.4
Reserve		0	0.0	1	0.4
National Guard		2	3.3	3	1.2

Table continued on next page.

Table 19 (cont.) Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Marital status					
Never married		25	41.7	103	41.7
Married		28	46.7	116	47.0
Separated		0	0.0	0	0.0
Divorced		6	10.0	28	11.3
Widowed		1	1.7	0	0.0
Unknown		0	0.0	0	0.0
Rank/grade					
Cadet		0	0.0	2	0.8
E1-E4		29	48.3	164	66.4
E5-E9		27	45.0	70	28.3
Officer		4	6.7	11	4.5
DoD occupational category					
Enlisted					
Infantry, gun crews, and seamanship specialists		0	0.0	2	0.8
Electronic equipment repairers		3	5.0	24	9.7
Communications and intelligence specialists		5	8.3	16	6.5
Health care specialists		4	6.7	17	6.9
Other technical and allied specialists		4	6.7	13	5.3
Functional support and administration		4	6.7	51	20.6
Electrical/mechanical equipment repairers		20	33.3	55	22.3
Crafts workers		2	3.3	8	3.2
Service and supply handlers		7	11.7	37	15.0
Non-occupational		5	8.3	8	3.2
Unknown		2	3.3	3	1.2
Officer					
Tactical operations officers		0	0.0	2	0.8
Intelligence officers		1	1.7	2	0.8
Engineering and maintenance officers		2	3.3	0	0.0
Scientists and professionals		0	0.0	1	0.4
Health care officers		1	1.7	3	1.2
Administrators		0	0.0	1	0.4
Supply, procurement and allied officers		0	0.0	1	0.4
Non-occupational		0	0.0	3	1.2

¹ Demographic and Service characteristics provided by the DMDC.

Table 20 Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		60	-	231	-
Event location country					
United States		57	95.0	211	85.4
Iraq		0	0.0	0	0.0
Afghanistan		0	0.0	0	0.0
Kuwait		0	0.0	1	0.4
Korea		1	1.7	4	1.6
Other Europe		0	0.0	2	0.8
North America		0	0.0	0	0.0
Japan		0	0.0	6	2.4
Belgium		0	0.0	0	0.0
Germany		1	1.7	9	3.6
United Kingdom		0	0.0	6	2.4
Other		1	1.7	8	3.2
Event setting					
Own residence		33	55.0	145	58.7
Barracks		9	15.0	66	26.7
Residence of friend or family		0	0.0	11	4.5
Work/jobsite		3	5.0	3	1.2
Automobile		5	8.3	10	4.0
Inpatient medical facility		0	0.0	1	0.4
Hotel		4	6.7	2	0.8
Recreational area		4	6.7	0	0.0
Other		2	3.3	9	3.6
Unknown		0	0.0	0	0.0
Event method¹					
Drugs/alcohol		1	1.7	140	56.7
Hanging/asphyxiation		14	23.3	26	10.5
Poisoning		1	1.7	14	5.7
Firearm		42	70.0	9	3.6
Military firearm ²		2	-	0	-
Non-military firearm ²		40	-	9	-
Firearm of unknown origin ²		0	-	0	-
Falling/Jumping		2	3.3	0	-
Sharp/blunt object ³		0	0.0	39	15.8
Other		0	0.0	15	6.1
Pending/unknown		0	0.0	4	1.6

Table continued on next page.

Table 20 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Alcohol use during event¹				
Yes	18	30.0	107	43.3
No	23	38.3	131	53.0
Unknown	19	31.7	9	3.6
Drug use during event¹				
Yes ⁴	8	13.3	139	56.3
Illicit drug use				
<i>Used, overdose</i>	0	-	7	-
<i>Used, no overdose</i>	0	-	4	-
Prescription drug use				
<i>Used, overdose</i>	1	-	89	-
<i>Used, no overdose</i>	6	-	12	-
Non-prescription drug use				
<i>Used, overdose</i>	0	-	39	-
<i>Used, no overdose</i>	2	-	13	-
No	30	50.0	104	42.1
Unknown	22	36.7	4	1.6
Alcohol and drug use during event				
Yes	2	3.3	66	26.7
No	36	60.0	170	68.8
Unknown	22	36.7	11	4.5
Communicated potential for self-harm				
Yes	20	33.3	71	28.7
Manner				
<i>Written</i>	0	-	6	-
<i>Verbal</i>	16	-	44	-
<i>Text</i>	6	-	30	-
<i>Other</i>	1	-	1	-
Number of recipients				
<i>One</i>	14	-	55	-
<i>More than one</i>	6	-	16	-

Table continued on next page.

Table 20 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Recipients				
<i>Supervisor</i>	4	-	11	-
<i>Chaplain</i>	0	-	2	-
<i>Mental health staff</i>	3	-	22	-
<i>Friend</i>	6	-	20	-
<i>Spouse</i>	11	-	23	-
<i>Family member (other than spouse)</i>	1	-	4	-
<i>Other</i>	2	-	10	-
No	34	56.7	171	69.2
Unknown	6	10.0	5	2.0
Death-risk gambling				
Yes	0	0.0	1	0.4
No	54	90.0	242	98.0
Unknown	6	10.0	4	1.6
Planned/premeditated				
Yes	31	51.7	67	27.1
No	15	25.0	156	63.2
Unknown	14	23.3	24	9.7
Event occurred where it could be observed by others				
Yes	9	15.0	90	36.4
No	45	75.0	148	59.9
Unknown	6	10.0	9	3.6
Suicide note left				
Yes	23	38.3	53	21.5
No	31	51.7	183	74.1
Unknown	6	10.0	11	4.5
Residence at time of event				
Barracks	14	23.3	68	27.5
Bachelor Enlisted Quarters/Bachelor Officer Quarters	1	1.7	6	2.4
On-base family housing	5	8.3	31	12.6
Off-base	39	65.0	135	54.7
Ship	0	0.0	0	0.0
Other	1	1.7	6	2.4
Unknown	0	0.0	1	0.4

Table continued on next page.

Table 20 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Marital status residence				
Not married	32	53.3	131	53.0
Married, resides with spouse	18	30.0	53	21.5
Married, not living together, relationship issues	5	8.3	32	13.0
Married, not living together, other reasons	0	0.0	16	6.5
Married, unknown if resides with spouse	5	8.3	15	6.1
Unknown	1	1.7	0	0.0
Reside alone at time of event				
Yes	28	46.7	119	48.2
No	31	51.7	126	51.0
Unknown	1	1.7	2	0.8
Has and resides with child				
Yes, live with Service member	16	26.7	45	18.2
Yes, do not live with Service member	6	10.0	37	15.0
Does not have children	37	61.7	164	66.4
Unknown	1	1.7	1	0.4
Gun in home/immediate environment				
Yes	37	61.7	34	13.8
No	16	26.7	200	81.0
Unknown	7	11.7	13	5.3
Duty environment				
Garrison/permanent command	47	78.3	224	90.7
Leave	6	10.0	6	2.4
TDY	0	0.0	2	0.8
Deployed	0	0.0	4	1.6
Training	4	6.7	4	1.6
Psychiatric hospitalization	0	0.0	0	0.0
Medical hold	0	0.0	3	1.2
Other	4	6.7	11	4.5

¹Based on data provided by AFMES for suicide decedents. Cause of death or injury categories based on established ICD-10 coding groups.

²Type of firearm used based on DoDSER data for suicides identified by AFMES as having died by use of a firearm.

³Category not represented in ICD-10 coding groups for cause of death or injury; data are provided only for suicide attempt DoDSER reports.

⁴Response subcategories are not mutually exclusive.

Table 21 Medical and Behavioral Health history for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		60	-	247	-
Any mental health diagnosis					
Yes		28	46.7	161	65.2
Number of mental health diagnoses					
1		10	-	71	-
2		9	-	45	-
More than 2		9	-	45	-
No		31	51.7	86	34.8
Unknown		1	1.7	0	0.0
History of any mood disorder					
Yes ¹		17	28.3	90	36.4
Bipolar disorder		1	-	4	-
Major depressive disorder		7	-	59	-
Dysthymic disorder		4	-	7	-
Other mood disorder		7	-	25	-
No		42	70.0	155	62.8
Unknown		1	1.7	2	0.8
History of any anxiety disorder					
Yes ¹		13	21.7	61	24.7
Post-traumatic stress		6	-	27	-
Panic disorder		1	-	4	-
Generalized anxiety disorder		2	-	19	-
Acute stress disorder		0	-	1	-
Other anxiety disorder		6	-	19	-
No		46	76.7	182	73.7
Unknown		1	1.7	4	1.6
History of any personality disorder					
Yes		3	5.0	28	11.3
No		56	93.3	217	87.9
Unknown		1	1.7	2	0.8
History of any psychotic disorder					
Yes		0	0.0	3	1.2
No		59	98.3	243	98.4
Unknown		1	1.7	1	0.4

Table continued on next page.

Table 21 (cont.) Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
History of adjustment disorder					
Yes		14	23.3	79	32.0
No		45	75.0	164	66.4
Unknown		1	1.7	4	1.6
History of substance abuse					
Yes		8	13.3	39	16.9
No		48	80.0	186	80.5
Unknown		4	6.7	6	2.6
History of any sleep disorder					
Yes		3	5.0	30	12.1
No		55	91.7	214	86.6
Unknown		2	3.3	3	1.2
History of traumatic brain injury					
Yes		1	1.7	2	0.8
No		57	95.0	243	98.4
Unknown		2	3.3	2	0.8
Family history of mental illness					
Yes		7	11.7	88	35.6
No		33	55.0	139	56.3
Unknown		20	33.3	20	8.1
Prior self-injury					
Yes		11	18.3	72	29.1
Number of incidents					
One		8	-	44	-
More than one		3	-	24	-
Prior incident similar to current event					
Yes		3	-	35	-
No		6	-	34	-
Unknown		2	-	3	-
No		45	75.0	157	68.0
Unknown		4	6.7	6	2.6

Table continued on next page.

Table 21 (cont.) <i>Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014</i>		Suicide		Suicide Attempt	
		No.	%	No.	%
Ever taken psychotropic medications					
Yes		22	36.7	132	53.4
No		34	56.7	113	45.7
Unknown		4	6.7	2	0.8
Use of psychotropic medications, last 90 days					
Yes ¹		16	26.7	113	45.7
<i>Antidepressants</i>		14	-	95	-
<i>Anxiolytics</i>		7	-	56	-
<i>Antimanics</i>		0	-	3	-
<i>Anticonvulsants</i>		2	-	2	-
<i>Antipsychotics</i>		1	-	10	-
<i>Sleep medications</i>		3	-	55	-
No		40	66.7	132	53.4
Unknown		4	6.7	2	0.8
Use of opioid medications, last 90 days					
Yes		1	1.7	18	7.3
No		50	83.3	222	89.9
Unknown		9	15.0	7	2.8
Met criteria for polypharmacy					
Yes		1	1.7	23	9.3
No		53	88.3	217	87.9
Unknown		6	10.0	7	2.8
Accessed health or social services, last 90 days					
Yes ¹		42	70.0	199	80.6
<i>Medical treatment facility</i>		38	-	178	-
<i>Substance abuse services</i>		6	-	33	-
<i>Family assistance Program</i>		2	-	28	-
<i>Outpatient mental health</i>		25	-	130	-
<i>Inpatient mental health</i>		5	-	46	-
No		17	28.3	48	19.4
Unknown		1	1.7	0	0.0

¹Response subcategories are not mutually exclusive.

Table 22 Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		60	-	247	-
Failed or failing relationship, last 90 days					
Yes¹		26	43.3	134	54.3
<i>Intimate relationship</i>		23	-	118	-
<i>Other relationship</i>		10	-	36	-
No		29	48.3	112	45.3
Unknown		5	8.3	1	0.4
Friend and family stressors, last 90 days					
Yes¹		1	1.7	24	9.7
<i>Death of spouse or other family member (manner other than suicide)</i>		0	-	9	-
<i>Death of friend (manner other than suicide)</i>		0	-	4	-
<i>Serious illness of friend or family member</i>		1	-	14	-
No		53	88.3	220	89.1
Unknown		6	10.0	3	1.2
History of friend or family death by suicide					
Yes		5	8.3	33	13.4
<i>Spouse</i>		0	-	0	-
<i>Family member</i>		3	-	15	-
<i>Friend</i>		2	-	21	-
No		53	88.3	214	86.6
Unknown		2	3.3	0	0.0
Administrative/legal problems, last 90 days					
Yes¹		17	28.3		
<i>Courts martial proceedings</i>		1	-	81	32.8
<i>Article 15/Non-judicial punishment</i>		4	-	8	-
<i>Administrative separation proceedings</i>		6	-	22	-
<i>Away without leave/deserter status</i>		1	-	20	-
<i>Medical evaluation board proceedings</i>		2	-	0	-
<i>Civil legal proceedings</i>		7	-	32	-
<i>Non-selection for promotion</i>		1	-	20	-
<i>Under investigation</i>		2	-	2	-
No		42	70.0	23	-
Unknown		1	1.7	166	67.2

Table continued on next page.

Table 22 (cont.) Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Excessive debt/bankruptcy, last 90 days					
Yes		3	5.0	22	8.9
No		49	81.7	218	88.3
Unknown		8	13.3	7	2.8
Workplace difficulties, last 90 days					
Yes ¹		17	28.3	95	38.5
Job problems		12	-	69	-
Supervisor/coworker issues		5	-	63	-
Poor performance review		7	-	35	-
Unit/workplace hazing		1	-	4	-
No		40	66.7	151	61.1
Unknown		3	5.0	1	0.4
Abuse, assault, or harassment victimization, last year					
Yes		5	8.3	40	16.2
Physical abuse or assault		1	-	21	-
Sexual abuse or assault ²		0	-	13	-
Sexual assault ³		0	-	8	-
Emotional abuse		5	-	22	-
Sexual harassment		0	-	8	-
No		47	78.3	191	83.0
Unknown		8	13.3	2	0.8
Abuse, assault, or harassment perpetration, last year					
Yes ¹		5	8.3	28	11.3
Physical abuse or assault		1	-	20	-
Sexual abuse or assault		0	-	11	-
Emotional abuse		5	-	11	-
Sexual harassment		0	-	1	-
No		49	81.7	218	88.3
Unknown		6	10.0	1	0.4

¹Response subcategories are not mutually exclusive.

²Data based on response to a specific item in DoDSER.

³Data provided by SAPRO on unrestricted reports of sexual assault during the year prior to the event. These data represent a subset, and are not inclusive of all sexual assault cases. For more information please visit:

<http://sapr.mil/index.php/annual-reports>

Table 23 Deployment History¹ for All Suicide and Suicide Attempt DoDSER Reports, Air Force, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		60	-	247	-
Ever deployed					
Yes		30	50.0	98	39.7
Specific locations²					
<i>Iraq</i>		10	-	21	-
<i>Afghanistan</i>		6	-	18	-
<i>Kuwait</i>		10	-	21	-
Number of deployments					
1		14	-	43	-
2		7	-	31	-
3 or more		9	-	24	-
No		30	50.0	149	60.3
Event occurred during deployment					
Yes		0	0.0	0	0.0
<i>Afghanistan</i>		0	-	0	-
<i>Kuwait</i>		0	-	0	-
<i>Other location</i>		0	-	0	-
No		60	100.0	247	100.0
History of direct combat					
Yes ²		1	1.7	16	6.5
<i>Combat resulting in casualties/wounded</i>		1	-	7	-
<i>Wounded or injured in combat</i>		0	-	2	-
<i>Witnessed a kill</i>		1	-	8	-
<i>Saw bodies of other Service members</i>		1	-	8	-
<i>Killed others in combat</i>		1	-	1	-
No		51	85.0	221	89.5
Unknown		8	13.3	10	4.0

¹Deployment data, excluding history of direct combat, provided by the DMDC from the CTS.

²Response subcategories are not mutually exclusive.

CHAPTER 5

U.S. ARMY



DoDSER Result Summary: Army

The DoDSER system collects standardized data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among both Active Component Service members and Service members in the Army Reserve and Army National Guard who were in a duty status at the time of the event.

Mortality and Suicide Attempt Incidence

According to the AFMES, as of March 31, 2015, there were 122 suicides among Service members in the Active Component for CY 2014 and 12 suicides among Service members in the Army Reserve and Army National Guard while in a duty status at the time of death. A suicide DoDSER report was submitted for 128 of these suicides. These DoDSER reports were used in the generation of the data tables included in this section.

There were 514 suicide attempt DoDSER reports submitted by the Army. These reports provided data on 501 unique Service members—488 (97.4%) with 1 reported attempt and 13 (2.6%) with 2 or more reported attempts.

Demographics

Demographic variables for all suicide and suicide attempt DoDSER reports are displayed in Table 24.

For the Army, the most common demographic features for suicide DoDSER reports included these following characteristics:

- Male (n = 122, 95.3%)
- White/Caucasian racial identity (n = 89, 69.5%)
- Non-Hispanic ethnicity (n = 111, 86.7%)
- Less than 30 years of age (n = 74, 57.8%)
- A high-school graduate level of education (n = 88, 68.8%).
- Enlisted (n = 114, 89.1%)
- Married (n = 75, 58.6%)

The most common demographic features for Characteristics of suicide attempt DoDSER reports included:

- Male (n = 391, 76.1%)
- White/Caucasian racial identity (n = 356, 69.3%)
- Non-Hispanic ethnicity (n = 439, 85.4%)
- Less than 30 years of age (n = 371, 72.2%)
- A high-school graduate level of education (n = 393, 76.5%)
- Junior enlisted (E1-E4, n = 335, 65.2%)
- Approximately evenly distributed between never married (n = 226, 44.0%) and married (n = 247, 48.1%)

The largest demographic differences between suicide and suicide attempt DoDSER reports were in the prevalence of females (23.9% for suicide attempt DoDSER reports versus 4.7% for suicide DoDSER reports) and rank status (65.2% E1-E4 for suicide attempt DoDSER reports versus 39.8% for suicide DoDSER reports).

Event Information

Detailed descriptive statistics on the locations, contexts and methods of suicide and suicide attempts are presented in this section and in Table 25. These data describe the circumstances surrounding the suicide event itself and address both the antecedents and consequences of the event.

Figure 7 depicts the proportion of DoDSER reports—including both suicide-related deaths and suicide attempts—that identified the use of a firearm, hanging and drug/alcohol overdose over the past three years. Suicide DoDSER reports recorded more frequent firearm use and hanging than did reports of

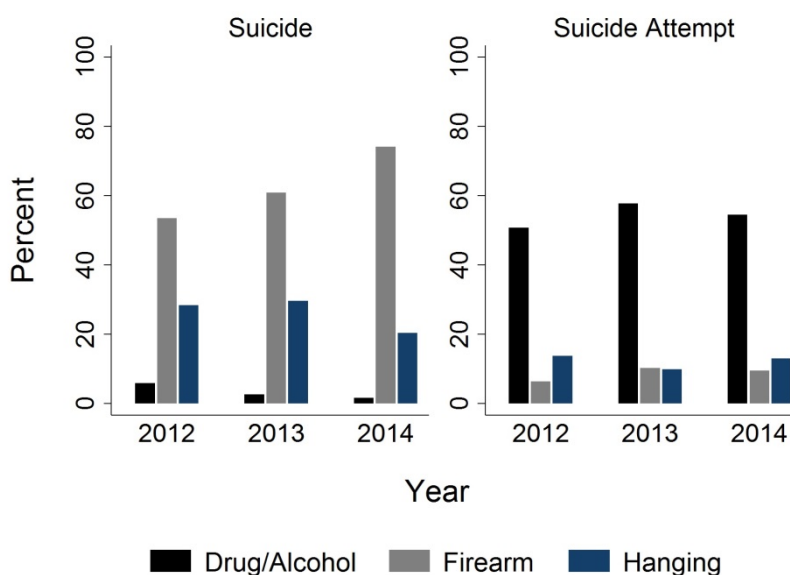


Figure 7. Proportion of Army suicide and suicide attempt DoDSERs that reported drug/alcohol use, firearm, and hanging as the method of injury, CY 2012-2014.

suicide attempt. The majority of the firearms used in suicide DoDSER reports were not military weapons ($n = 89$, 92.7% of suicide DoDSER reports with a firearm as the mechanism of injury). The prevalence of firearm use in suicide DoDSER reports was higher for CY 2014 compared to CY 2013 ($OR = 1.81$, 95% $CI = 1.02, 3.23$). The prevalence of alcohol or drug use as the primary mechanism of injury in suicide attempt DoDSERs was consistent between CY 2013 and CY 2014 ($OR = 0.88$, 95% $CI = 0.67, 1.15$).

Alcohol use was identified in 30 suicide DoDSER reports (23.4%) and in 148 suicide attempt DoDSER reports (28.8%), regardless of whether it was the primary cause, used in conjunction with another method (e.g., overdose/intentional drunk driving) or facilitated the use of another means. Drug use during the event was not commonly identified for suicide DoDSER reports ($n = 18$, 14.1%), but it was reported in 261 suicide attempt DoDSER reports (50.6%). The data on alcohol and drug use for suicides was provided by toxicology reports from postmortem examinations from AFMES. The high proportion of “unknown” responses reflects inconclusive results, no toxicology examination or an inability to access a toxicology report from a civilian authority.

Behavioral Health History

Data on behavioral health variables are provided in Table 26. Figure 8 displays the proportion of suicide and suicide attempt DoDSER reports that indicated a history of any behavioral health diagnosis (ever), prior self-injury (ever) or use of psychotropic medications (within 90 days prior to the event) for CY 2012–CY 2014. We observed an increase in the prevalence of a prior history of self-injury in CY 2014 suicide DoDSER reports compared to CY 2013, however, this increase was not statistically significant ($OR = 1.86$, 95% $CI = 0.87, 3.95$).

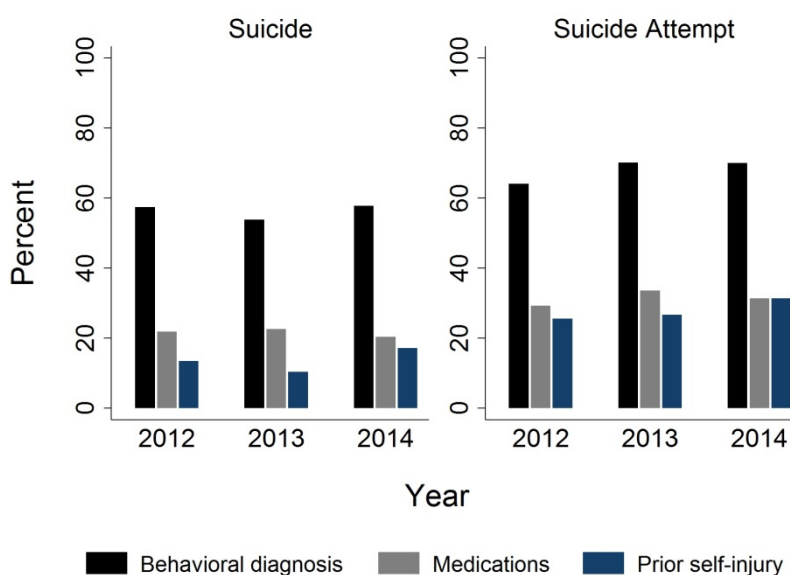


Figure 8. Proportion of Army suicide and suicide attempt DoDSER reports that reported any behavioral health diagnosis ever, psychotropic medication use in the 90 days prior to the event, or prior self-injury ever, CY 2012–CY 2014.

The prevalence estimates of a history of any behavioral health diagnosis, use of psychotropic medications and history of prior self-injury in CY 2014 suicide DoDSER reports were consistent with those observed for CY 2013. The same is true regarding CY 2014 suicide attempt DoDSER reports. For CY 2014, the prevalence estimates of all three determinants were lower for suicide DoDSER reports compared to suicide attempt DoDSER reports (behavioral health diagnosis [OR = 0.54, 95% CI = 0.35, 0.84]; prior history of self-injury [OR = 0.56, 95% CI = 0.33, 0.95]; psychotropic medication use [OR = 0.56, 95% CI = 0.33, 0.93]). The most common behavioral health diagnoses identified in suicide DoDSER reports included adjustment (n = 37, 28.9%), mood (n = 35, 27.3%) and substance abuse (n = 35, 27.3%) disorders. For suicide attempt DoDSER reports, the most common diagnoses identified were mood (n = 175, 34.0%), anxiety (n = 158, 30.7%) and adjustment disorders (n = 146, 28.4%)

Psychosocial Stressors

Psychosocial factors included in the DoDSER report form pertain to information collected about relationships, family issues, legal or administrative problems, work and financial difficulties, and alleged abuse victimization or perpetration. Table 27 provides descriptive data for each of these factors. A total of 81 suicide DoDSER reports (63.3%) and 407 suicide attempt DoDSER reports (79.2%) indicated the presence of at least one of these factors. Figure 9 displays the proportion of suicide and suicide attempt DoDSER reports that reported relationship, administrative/legal, workplace and financial difficulties during the 90 days prior to the event. There were no statistically significant differences in the prevalence of these three types of stressors between CY 2013 and CY 2014 for suicide or suicide attempt DoDSER reports. In CY 2014, the prevalence of workplace difficulties was lower for suicide DoDSER reports as compared to suicide attempt DoDSER reports (OR = 0.51, 95% CI = 0.31, 0.85).

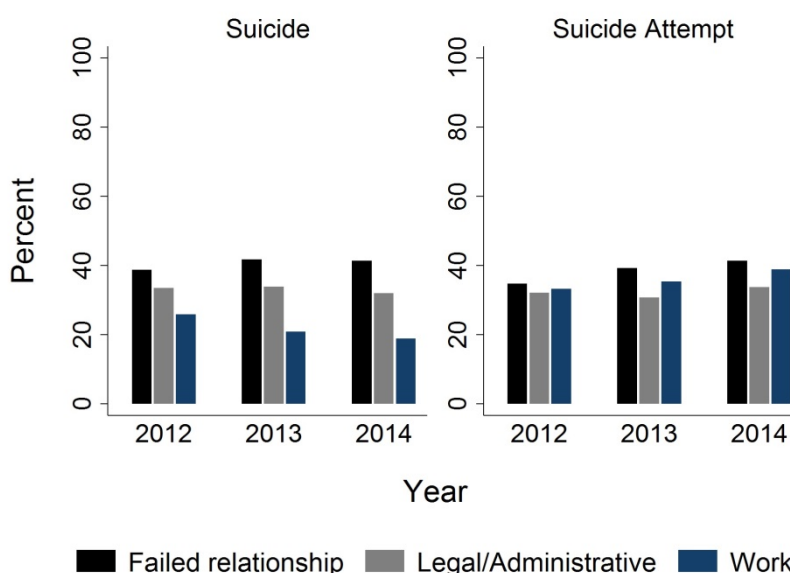


Figure 9. Proportion of Army suicide and suicide attempt DoDSER reports that reported failed relationships, legal/administrative problems or workplace difficulties in the 90 days prior to the event.

In this report, DoDSER cases were matched against cases of sexual assault that had been collected through the DoD's option to make an

Unrestricted Report of Sexual Assault. According to the SAPRO data, zero suicide DoDSER reports and four suicide attempt DoDSER reports were associated with an unrestricted report of sexual assault during the year prior to the event. Table 27 provides the number of sexual assaults recorded via the DoDSER report form.

Deployment

A history of deployment was a factor in 67.2% of suicide and 49.6% of suicide attempt DoDSER reports. The prevalence of any deployment history decreased for both suicide and suicide attempt DoDSER reports between CY 2013 and CY 2014 (suicide [OR = 0.63, 95% CI = 0.32, 1.24]; suicide attempt [OR = 0.53, 95% CI = 0.38, 0.72]), however, the difference was only statistically significant for suicide attempt DoDSER reports. For CY 2014, there was no statistical difference in the prevalence of deployment history between suicide and suicide attempt DoDSER reports (OR = 1.02, 95% CI = 0.61, 1.70).

Table 24 Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		128	-	514	-
Sex					
Male		122	95.3	391	76.1
Female		6	4.7	123	23.9
Age at event					
17-19		1	0.8	37	7.2
20-24		36	28.1	207	40.3
25-29		37	28.9	127	24.7
30-34		22	17.2	72	14.0
35-39		16	12.5	41	8.0
40-44		11	8.6	21	4.1
45-59		5	3.9	9	1.8
Race					
American Indian/Alaska Native		0	0.0	5	1.0
Asian/Pacific Islander		4	3.1	20	3.9
Black/African American		29	22.7	125	24.3
White/Caucasian		89	69.5	356	69.3
Other/Unknown		6	4.7	8	1.6
Hispanic ethnicity					
Yes		17	13.3	74	14.4
No		111	86.7	439	85.4
Unknown		0	0.0	1	0.2
Education					
Some high school, did not graduate		1	0.8	4	0.8
Alternative high school certification		12	9.4	54	10.5
High school graduate		88	68.8	393	76.5
Some college or technical school, no degree or certificate		0	0.0	3	0.6
College degree of less than four years		6	4.7	19	3.7
Four-year college degree		14	10.9	34	6.6
Master's degree or greater		5	3.9	7	1.4
Unknown		2	1.6	0	0.0
Component					
Active		115	89.8	477	92.8
Reserve		6	4.7	14	2.7
National Guard		7	5.5	23	4.5

Table continued on next page.

Table 24 (cont.) <i>Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014</i>	Suicide		Suicide Attempt	
	No.	%	No.	%
Marital status				
Never married	34	26.6	226	44.0
Married	75	58.6	247	48.1
Separated	0	0.0	5	1.0
Divorced	19	14.8	33	6.4
Widowed	0	0.0	2	0.4
Unknown	0	0.0	1	0.2
Rank/grade				
Cadet	0	0.0	0	-
E1-E4	51	39.8	335	65.2
E5-E9	63	49.2	144	28.0
Officer	14	10.9	35	6.8
DoD occupational category				
Enlisted				
Infantry, gun crews, and seamanship specialists	42	32.8	112	21.8
Electronic equipment repairers	7	5.5	27	5.3
Communications and intelligence specialists	9	7.0	68	13.2
Health care specialists	6	4.7	51	9.9
Other technical and allied specialists	5	3.9	30	5.8
Functional support and administration	15	11.7	62	12.1
Electrical/mechanical equipment repairers	13	10.2	45	8.8
Crafts workers	2	1.6	5	1.0
Service and supply handlers	15	11.7	63	12.3
Non-occupational	0	0.0	7	1.4
Unknown	0	0.0	9	1.8
Officer				
Tactical operations officers	2	1.6	7	1.4
Intelligence officers	1	0.8	3	0.6
Engineering and maintenance officers	2	1.6	5	1.0
Scientists and professionals	4	3.1	1	0.2
Health care officers	1	0.8	8	1.6
Administrators	1	0.8	4	0.8
Supply, procurement and allied officers	2	1.6	6	1.2
Non-occupational	1	0.8	1	0.2

¹ Demographic and Service characteristics provided by the DMDC.

Table 25 Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		128	-	514	-
Event location country					
United States		116	90.6	415	80.7
Iraq		0	0.0	1	0.2
Afghanistan		5	3.9	14	2.7
Kuwait		0	0.0	6	1.2
Korea		0	0.0	30	5.8
Other Europe		1	0.8	1	0.2
North America		1	0.8	1	0.2
Japan		0	0.0	1	0.2
Belgium		0	0.0	2	0.4
Germany		3	2.3	30	5.8
United Kingdom		0	0.0	0	0.0
Other		2	1.6	13	2.5
Event setting					
Own residence		68	53.1	193	37.5
Barracks		15	11.7	213	41.4
Residence of friend or family		10	7.8	16	3.1
Work/jobsite		3	2.3	18	3.5
Automobile		15	11.7	27	5.3
Inpatient medical facility		0	-	3	0.6
Hotel		2	1.6	12	2.3
Recreational area		3	2.3	5	1.0
Other		8	6.3	26	5.1
Unknown		4	3.1	1	0.2
Event method¹					
Drugs/alcohol		2	1.6	280	54.5
Hanging/asphyxiation		26	20.3	67	13.0
Poisoning		1	0.8	10	1.9
Firearm		96	75.0	49	9.5
Military firearm ²		6	-	14	-
Non-military firearm ²		89	-	35	-
Firearm of unknown origin ²		1	-	0	-
Falling/Jumping		1	0.8	5	1.0
Sharp/blunt object ³		-	-	61	11.9
Other		1	0.8	32	6.2
Pending/Unknown		1	0.8	10	1.9

Table continued on next page.

Table 25 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Alcohol use during event¹				
Yes	30	23.4	148	28.8
No	42	32.8	358	69.6
Unknown	56	43.8	8	1.6
Drug use during event¹				
Yes ⁴	18	14.1	260	50.6
Illicit drug use				
Used, overdose	0	-	24	-
Used, no overdose	1	-	11	-
Prescription drug use				
Used, overdose	1	-	153	-
Used, no overdose	11	-	50	-
Non-prescription drug use				
Used, overdose	0	-	58	-
Used, no overdose	5	-	20	-
No	51	39.8	250	48.6
Unknown	59	46.1	4	0.8
Alcohol and drug use during event¹				
Yes	7	5.5	76	14.8
No	61	47.7	429	83.5
Unknown	60	46.9	9	1.8
Communicated potential for self-harm				
Yes	31	24.2	127	24.7
Manner⁴				
Written	3	-	7	-
Verbal	16	-	77	-
Text	13	-	57	-
Other	3	-	1	-
Number of recipients				
One	25	-	95	-
More than one	6	-	32	-

Table continued on next page.

Table 25 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Recipients⁴				
Supervisor	3	-	16	-
Chaplain	0	-	1	-
Mental health staff	8	-	19	-
Friend	9	-	55	-
Spouse	11	-	49	-
Family member (other than spouse)	2	-	9	-
Other	7	-	18	-
No	75	58.6	379	73.7
Unknown	22	17.2	8	1.6
Death-risk gambling				
Yes	0	0.0	11	2.1
No	104	81.3	499	97.1
Unknown	24	18.8	4	0.8
Planned/premeditated				
Yes	54	42.2	164	31.9
No	37	28.9	326	63.4
Unknown	37	28.9	24	4.7
Event occurred where it could be observed by others				
Yes	29	22.7	183	35.6
No	80	62.5	315	61.3
Unknown	19	14.8	16	3.1
Suicide note left				
Yes	18	14.1	67	13.0
No	78	60.9	441	85.8
Unknown	32	25.0	6	1.2
Residence at time of event				
Barracks	26	20.3	235	45.7
Bachelor Enlisted Quarters/Bachelor Officer Quarters	1	0.8	5	1.0
On-base family housing	4	3.1	30	5.8
Off-base	73	57.0	201	39.1
Ship	0	0.0	0	0.0
Other	9	7.0	41	8.0
Unknown	15	11.7	2	0.4

Table continued on next page.

Table 25 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Marital status residence				
Not married	53	41.4	266	51.8
Married, resides with spouse	29	22.7	117	22.8
Married, not living together, relationship issues	23	18.0	51	9.9
Married, not living together, other reasons	11	8.6	43	8.4
Married, unknown if resides with spouse	12	9.4	36	7.0
Unknown	0	0.0	1	0.2
Reside alone at time of event				
Yes	47	36.7	220	42.8
No	66	51.6	290	56.4
Unknown	15	11.7	4	0.8
Has and resides with child				
Yes, live with Service member	16	12.5	81	15.8
Yes, do not live with Service member	39	30.5	99	19.3
Does not have children	56	43.8	331	64.4
Unknown	17	13.3	3	0.6
Gun in home/immediate environment				
Yes	83	64.8	88	17.1
No	27	21.1	402	78.2
Unknown	18	14.1	24	4.7
Duty environment				
Garrison/permanent command	99	77.3	413	80.4
Leave	8	6.3	11	2.1
TDY	2	1.6	6	1.2
Deployed	7	5.5	29	5.6
Training	2	1.6	24	4.7
Psychiatric hospitalization	1	0.8	3	0.6
Medical hold	6	4.7	7	1.4
Other	8	6.3	32	6.2

¹Based on data provided by AFMES for suicide decedents. Cause of death or injury categories based on established ICD-10 coding groups.

²Type of firearm used based on DoDSER data for suicides identified by AFMES as having died by use of a firearm.

³Category not represented in ICD-10 coding groups for cause of death or injury; data are provided only for suicide attempt DoDSER reports.

⁴Response subcategories are not mutually exclusive.

Table 26 Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		128	-	514	-
Any mental health diagnosis					
Yes		74	57.8	360	70.0
Number of mental health diagnoses					
1		30	-	152	-
2		18	-	103	-
More than 2		26	-	105	-
No		52	40.6	153	29.8
Unknown		2	1.6	1	0.2
History of any mood disorder					
Yes¹		35	27.3	175	34.0
<i>Bipolar disorder</i>		3	-	12	-
<i>Major depressive disorder</i>		21	-	134	-
<i>Dysthymic disorder</i>		4	-	4	-
<i>Other mood disorder</i>		13	-	32	-
No		88	68.8	328	63.8
Unknown		5	3.9	11	2.1
History of any anxiety disorder					
Yes¹		31	24.2	158	30.7
<i>Post-traumatic stress</i>		16	-	97	-
<i>Panic disorder</i>		0	-	17	-
<i>Generalized anxiety disorder</i>		8	-	37	-
<i>Acute stress disorder</i>		1	-	6	-
<i>Other anxiety disorder</i>		17	-	38	-
No		92	71.9	347	67.5
Unknown		5	3.9	9	1.8
History of any personality disorder					
Yes		3	2.3	24	4.7
No		120	93.8	482	93.8
Unknown		5	3.9	8	1.6
History of any psychotic disorder					
Yes		1	0.8	5	1.0
No		122	95.3	503	97.9
Unknown		5	3.9	6	1.2

Table continued on next page.

Table 26 (cont.) Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
History of adjustment disorder					
Yes		37	28.9	146	28.4
No		87	68.0	361	70.2
Unknown		4	3.1	7	1.4
History of substance abuse					
Yes		35	27.3	151	29.4
No		84	65.6	356	69.3
Unknown		9	7.0	7	1.4
History of any sleep disorder					
Yes		29	22.7	84	16.3
No		93	72.7	425	82.7
Unknown		6	4.7	5	1.0
History of traumatic brain injury					
Yes		9	7.0	46	8.9
No		111	86.7	464	90.3
Unknown		8	6.3	4	0.8
Family history of mental illness					
Yes		20	15.6	156	30.4
No		66	51.6	334	65.0
Unknown		42	32.8	24	4.7
Prior self-injury					
Yes		22	17.2	161	31.3
Number of incidents					
One		11	-	73	-
More than one		11	-	85	-
Prior incident similar to current event					
Yes		5	-	77	-
No		15	-	79	-
Unknown		2	-	5	-
No		92	71.9	348	67.7
Unknown		14	10.9	5	1.0

Table continued on next page.

Table 26 (cont.) Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Ever taken psychotropic medications					
Yes		43	33.6	200	38.9
No		72	56.3	307	59.7
Unknown		13	10.2	7	1.4
Use of psychotropic medications, last 90 days					
Yes ¹		26	20.3	161	31.3
Antidepressants		20	-	141	-
Anxiolytics		8	-	69	-
Antimanics		1	-	4	-
Anticonvulsants		1	-	5	-
Antipsychotics		2	-	14	-
Sleep medications		17	-	85	-
No		89	69.5	344	66.9
Unknown		13	10.2	9	1.8
Use of opioid medications, last 90 days					
Yes		4	3.1	20	3.9
No		105	82.0	477	92.8
Unknown		19	14.8	17	3.3
Met criteria for polypharmacy					
Yes		8	6.3	55	10.7
No		111	86.7	439	85.4
Unknown		9	7.0	20	3.9
Accessed health or social services, last 90 days					
Yes ¹		80	62.5	336	65.4
Medical treatment facility		73	-	231	-
Substance abuse services		8	-	56	-
Family assistance Program		7	-	20	-
Outpatient mental health		46	-	258	-
Inpatient mental health		8	-	75	-
No		46	35.9	178	34.6
Unknown		2	1.6	0	0.0

¹Response subcategories are not mutually exclusive.

Table 27 Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		128	-	514	-
Failed or failing relationship, last 90 days					
Yes¹		53	41.4	213	41.4
<i>Intimate relationship</i>		45	-	188	-
<i>Other relationship</i>		16	-	67	-
No		58	45.3	300	58.4
Unknown		17	13.3	1	0.2
Friend and family stressors, last 90 days					
Yes¹		6	4.7	59	11.5
<i>Death of spouse or other family member (manner other than suicide)</i>		4	-	25	-
<i>Death of friend (manner other than suicide)</i>		0	-	25	-
<i>Serious illness of friend or family member</i>		2	-	22	-
No		102	79.7	450	87.5
Unknown		20	15.6	5	1.0
History of friend or family death by suicide					
Yes¹		2	1.6	101	19.6
<i>Spouse</i>		0	-	2	-
<i>Family member</i>		0	-	31	-
<i>Friend</i>		2	-	80	-
No		113	88.3	411	80.0
Unknown		13	10.2	2	0.4
Administrative/legal problems, last 90 days					
Yes¹		41	32.0	173	33.7
<i>Courts martial proceedings</i>		2	-	9	-
<i>Article 15/Non-judicial punishment</i>		12	-	57	-
<i>Administrative separation proceedings</i>		9	-	54	-
<i>Away without leave/deserter status</i>		6	-	13	-
<i>Medical evaluation board proceedings</i>		7	-	39	-
<i>Civil legal proceedings</i>		17	-	29	-
<i>Non-selection for promotion</i>		2	-	16	-
<i>Under investigation</i>		17	-	47	-
No		77	60.2	339	66.0
Unknown		10	7.8	2	0.4

Table continued on next page.

Table 27 (cont.) Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Excessive debt/bankruptcy, last 90 days					
Yes		10	7.8	34	6.6
No		92	71.9	470	91.4
Unknown		26	20.3	10	1.9
Workplace difficulties, last 90 days					
Yes ¹		24	18.8	200	38.9
Job problems		17	-	133	-
Supervisor/coworker issues		12	-	145	-
Poor performance review		5	-	74	-
Unit/workplace hazing		0	-	20	-
No		87	68.0	313	60.9
Unknown		17	13.3	1	0.2
Abuse, assault, or harassment victimization, last year					
Yes ¹		2	1.6	69	13.4
Physical abuse or assault		1	-	27	-
Sexual abuse or assault ²		1	-	13	-
Sexual assault ³		0	-	4	-
Emotional abuse		1	-	45	-
Sexual harassment		0	-	16	-
No		109	85.2	440	85.6
Unknown		17	13.3	5	1.0
Abuse, assault, or harassment perpetration, last year					
Yes ¹		13	10.2	32	6.2
Physical abuse or assault		8	-	13	-
Sexual abuse or assault		5	-	12	-
Emotional abuse		2	-	13	-
Sexual harassment		2	-	2	-
No		95	74.2	478	93.0
Unknown		20	15.6	4	0.8

¹Response subcategories are not mutually exclusive.

²Data based on response to a specific item in DoDSER.

³Data provided by SAPRO on unrestricted reports of sexual assault during the year prior to the event. These data represent a subset, and are not inclusive of all sexual assault cases. For more information please visit:

<http://sapr.mil/index.php/annual-reports>

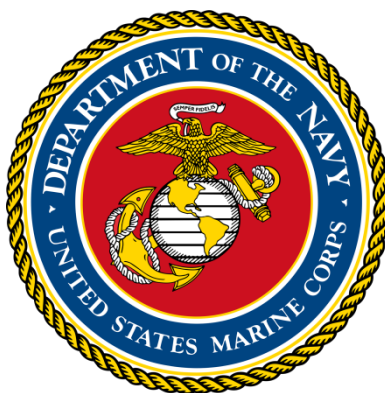
Table 28 Deployment History ¹ for All Suicide and Suicide Attempt DoDSER Reports, Army, CY 2014	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	128	-	514	-
Ever deployed				
Yes	86	67.2	256	49.6
Specific locations²				
<i>Iraq</i>	50	-	136	-
<i>Afghanistan</i>	60	-	178	-
<i>Kuwait</i>	71	-	189	-
Number of deployments				
1	29	-	117	-
2	32	-	64	-
3 or more	25	-	74	-
No	42	32.8	259	50.4
Event occurred during deployment				
Yes	5	3.9	24	4.7
<i>Afghanistan</i>	5	-	14	-
<i>Kuwait</i>	0	-	5	-
<i>Other location</i>	0	-	5	-
No	123	96.1	490	95.3
History of direct combat				
Yes²	24	18.8	125	24.3
<i>Combat resulting in casualties/wounded</i>	13	-	88	-
<i>Wounded or injured in combat</i>	2	-	27	-
<i>Witnessed a kill</i>	11	-	92	-
<i>Saw bodies of other Service members</i>	12	-	95	-
<i>Killed others in combat</i>	8	-	55	-
No	69	53.9	375	73.0
Unknown	35	27.3	14	2.7

¹Deployment data, excluding history of direct combat, provided by the DMDC from the CTS.

²Response subcategories are not mutually exclusive.

CHAPTER 6

U.S. MARINE CORPS



DoDSER Result Summary: Marine Corps

The DoDSER system collects standardized data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among both Active Component Service members and Service members in the Marine Corps Reserve who were in a duty status at the time of the event.

Mortality and Suicide Attempt Incidence

According to the AFMES, as of March 31, 2015, 34 suicides occurred among Marine Corps Active Component Service members and 1 suicide occurred among Service members in the Marine Corps Reserve while in a duty status at the time of death during CY 2014. A DoDSER report was submitted for all 35 suicides. These DoDSER reports were used in the generation of the data tables included in this section.

There were 242 suicide attempt DoDSER reports submitted by the Marine Corps. These reports provided data on 237 unique Service members—232 (97.9%) with 1 reported attempt and 5 (2.1%) with 2 reported attempts.

Demographics

Demographic variables for all suicide and suicide attempt DoDSER reports are displayed in Table 29.

For the Marine Corps, the most common demographic features for suicide DoDSER reports included these characteristics:

- Male (n = 33, 94.3%)
- White/Caucasian racial identity (n = 29, 82.9%)
- Non-Hispanic ethnicity (n = 32, 91.4%)
- Less than 30 years of age (n = 27, 77.1%)
- A high-school graduate level of education (n = 28, 80.0%)
- Junior enlisted (E1-E4, n = 18, 51.4%)
- Married (n = 19, 54.3%)

The most common demographic features for suicide attempt DoDSER reports included:

- Male (n = 186, 76.9%)
- White/Caucasian racial identity (n = 194, 80.2%)
- Non-Hispanic ethnicity (n = 203, 83.9%)
- Less than 30 years of age (n = 212, 87.6%)
- A high-school graduate level of education (n = 224, 92.6%)
- Junior enlisted (E1-E4, n = 198, 81.8%)
- Never married (n = 127, 52.5%)

The largest demographic differences between suicide and suicide attempt DoDSER reports were in the prevalence of females (23.1% for suicide attempt DoDSER reports versus 5.7% for suicide DoDSER reports) and rank status (81.8% E1-E4 for suicide attempt DoDSER reports versus 51.4% for suicide DoDSER reports).

Event Information¹

Detailed descriptive statistics on the locations, contexts and methods of suicide and suicide attempts are presented in this section and in Table 30. These data describe the circumstances surrounding the suicide event itself and address both the antecedents and consequences of the event.

Figure 10 depicts the proportion of DoDSER reports—including both suicide-related deaths and suicide attempts—that identified the use of a firearm, hanging and drug/alcohol overdose over the past three years.

DoDSER reports of suicide recorded more frequent use of firearms and hanging than did

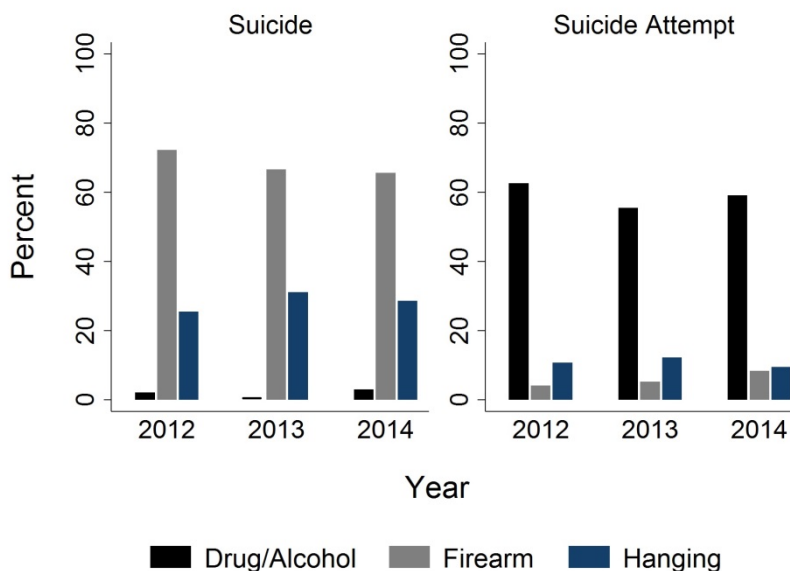


Figure 10. Proportion of Marine Corps suicide and suicide attempt DoDSERs that reported drug/alcohol use, firearm, and hanging as the method of injury, CY 2012-2014.

¹ Please note that given the small number of suicides for both CY 2013 and CY 2014 in the Marine Corps, we did not engage in any formal statistical testing to compare the prevalence of determinants between the two years for suicide DoDSERs.

reports of suicide attempt. The majority of firearm use identified in DoDSER suicide reports were not military weapons ($n = 21$, 91.3% of DoDSER suicide reports where a firearm was recorded as the mechanism of injury). Overall, the prevalence of the three injury mechanisms was consistent over time within suicide and suicide attempt DoDSER reports.

Alcohol use was identified in 11 suicide DoDSER reports (31.4%) and in 100 suicide attempt DoDSER reports (41.3%), regardless of whether it was the primary cause, used in conjunction with another method (e.g., overdose/intentional drunk driving) or facilitated the use of another means. Drug use during the event was not commonly identified for suicide DoDSER reports ($n = 3$, 8.6%), but it was reported in 127 suicide attempt DoDSER reports (52.5%). The data on alcohol and drug use for suicides was provided by toxicology reports from postmortem examinations from AFMES. The high proportion of “unknown” responses reflects inconclusive results, no toxicology examination or an inability to access a toxicology report from a civilian authority.

Behavioral Health History

Data on behavioral health variables are provided in Table 31. Figure 11 displays the proportion of suicide and suicide attempt DoDSER reports that indicated a history of any behavioral health diagnosis (ever), prior self-injury (ever) or use of psychotropic medications (within 90 days of the event) for CY 2012–CY 2014. The prevalence estimates for these three determinants appeared consistent over time for both suicide and suicide attempt DoDSER reports. There were no statistically significant differences for between CY 2013 and CY 2014 on these three variables for suicide attempt DoDSER reports. The prevalence of a behavioral health diagnosis was lower for suicide DoDSER reports compared to suicide attempt DoDSER reports in CY 2014 (OR = 0.69, 95% CI = 0.32, 1.47), however, the difference was not statistically significant. Because of small case numbers, we did not test the differences in the prevalence of prior self-injury or use of psychotropic

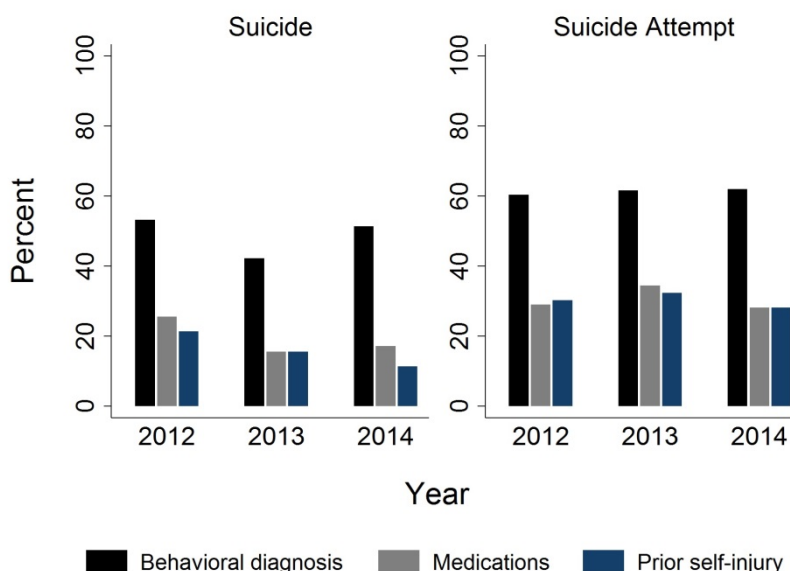


Figure 11. Proportion of Marine Corps suicide and suicide attempt DoDSER reports that reported any behavioral health diagnosis ever, psychotropic medication use in the 90 days prior to the event, or prior self-injury ever, CY 2012–CY 2014.

medications. The most common behavioral health diagnoses identified in suicide DoDSER reports included mood ($n = 12$, 34.3%) and substance abuse ($n = 11$, 31.4%) disorders. For suicide attempt DoDSER reports, the most common diagnoses identified were substance abuse ($n = 88$, 36.4%), mood ($n = 61$, 25.2%) and adjustment disorders ($n = 56$, 23.1%).

Psychosocial Stressors

Psychosocial factors included in DoDSER report form pertain to information collected about relationships, family issues, legal or administrative problems, work and financial difficulties, and alleged abuse victimization or perpetration. Table 32 provides descriptive data for each of these factors. A total of 25 suicide DoDSER reports (71.4%) and 171 suicide attempt DoDSER reports (70.7%) identified at least one of these determinants. Figure 12 displays the proportion of suicide and suicide attempt DoDSER reports that reported relationship, administrative/legal, workplace and financial difficulties during the 90 days prior to the event. There was a statistically significant reduction in the prevalence of work difficulties from CY 2013 to CY 2014 in suicide attempt DoDSER reports (OR = 0.58, 95% CI = 0.38, 0.90). In CY 2014, both failing relationships (OR = 1.53, 95% CI = 0.65, 3.58) and administrative/legal problems (OR = 1.53, 95% CI = 0.70, 3.33) were more common in suicide DoDSER reports as compared to suicide attempt DoDSER reports, however, neither difference was statistically significant. We did not statistically compare work difficulties because of a low number of suicide cases that identified this as a factor.

In this report, DoDSER cases were matched against cases of sexual assault that had been collected through the DoD's option to make an Unrestricted Report of Sexual Assault. According to the SAPRO data, zero suicide

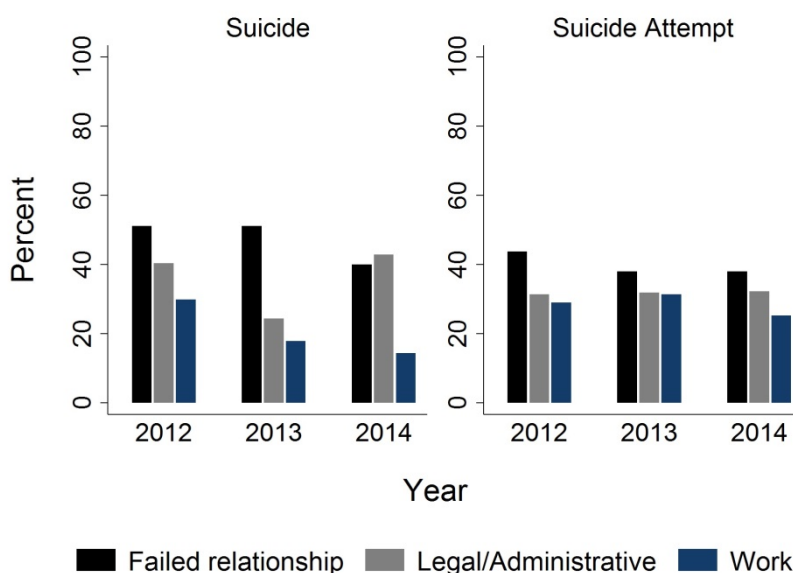


Figure 12. Proportion of Marine Corps suicide and suicide attempt DoDSER reports that reported failed relationships, legal/administrative problems or workplace difficulties in the 90 days prior to the event.

DoDSER reports and five suicide attempt DoDSER reports were associated with an unrestricted report of sexual assault during the year prior to the event. Table 32 provides the number of sexual assaults recorded via the DoDSER report form.

Deployment

A history of deployment was a factor in 57.1% of suicide and 29.8% of suicide attempt DoDSER reports. The prevalence of any deployment history was lower for CY 2014 compared to CY 2013 for suicide attempt (OR = 0.49, 95% CI = 0.27, 0.89) DoDSER reports. For CY 2014, there was no statistically significant difference in the prevalence of deployment history between suicide and suicide attempt DoDSER reports (OR = 2.60, 95% CI = 0.83, 8.20).

Table 29 Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	35	-	242	-
Sex				
Male	33	94.3	186	76.9
Female	2	5.7	56	23.1
Age at event				
17-19	2	5.7	28	11.6
20-24	14	40.0	151	62.4
25-29	11	31.4	33	13.6
30-34	8	22.9	17	7.0
35-39	0	0.0	11	4.5
40-44	0	0.0	2	0.8
45-59	0	0.0	0	0.0
Race				
American Indian/Alaska Native	0	0.0	4	1.7
Asian/Pacific Islander	0	0.0	6	2.5
Black/African American	1	2.9	35	14.5
White/Caucasian	29	82.9	194	80.2
Other/Unknown	5	14.3	3	1.2
Hispanic ethnicity				
Yes	3	8.6	39	16.1
No	32	91.4	203	83.9
Unknown	0	0.0	0	0.0
Education				
Some high school, did not graduate	0	0.0	0	0.0
Alternative high school certification	1	2.9	7	2.9
High school graduate	28	80.0	224	92.6
Some college or technical school, no degree or certificate	0	0.0	1	0.4
College degree of less than four years	2	5.7	4	1.7
Four-year college degree	4	11.4	5	2.1
Master's degree or greater	0	0.0	1	0.4
Unknown	0	0.0	0	0.0
Component				
Active	34	97.1	238	98.3
Reserve	1	2.9	4	1.7
National Guard	0	0.0	0	0.0

Table continued on next page.

Table 29 (cont.) Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Marital status				
Never married	15	42.9	127	52.5
Married	19	54.3	105	43.4
Separated	0	0.0	0	0.0
Divorced	1	2.9	10	4.1
Widowed	0	0.0	0	0.0
Unknown	0	0.0	0	0.0
Rank/grade				
Cadet	0	0.0	0	0.0
E1-E4	18	51.4	198	81.8
E5-E9	13	37.1	40	16.5
Officer	4	11.4	4	1.7
DoD occupational category				
Enlisted				
Infantry, gun crews, and seamanship specialists	12	34.3	61	25.2
Electronic equipment repairers	2	5.7	16	6.6
Communications and intelligence specialists	4	11.4	26	10.7
Health care specialists	0	0.0	0	0.0
Other technical and allied specialists	2	5.7	6	2.5
Functional support and administration	3	8.6	42	17.4
Electrical/mechanical equipment repairers	6	17.1	30	12.4
Crafts workers	0	0.0	6	2.5
Service and supply handlers	0	0.0	34	14.0
Non-occupational	2	5.7	13	5.4
Unknown	0	0.0	4	1.7
Officer				
Tactical operations officers	1	2.9	2	0.8
Intelligence officers	2	5.7	0	0.0
Engineering and maintenance officers	0	0.0	1	0.4
Scientists and professionals	0	0.0	0	0.0
Health care officers	0	0.0	0	0.0
Administrators	0	0.0	0	0.0
Supply, procurement and allied officers	0	0.0	1	0.4
Non-occupational	1	2.9	0	0.0

¹ Demographic and Service characteristics provided by the DMDC.

Table 30 Event location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	35	-	242	-
Event location country				
United States	30	85.7	219	90.5
Iraq	1	2.9	0	0.0
Afghanistan	1	2.9	3	1.2
Kuwait	0	0.0	0	0.0
Korea	0	0.0	0	0.0
Other Europe	0	0.0	0	0.0
North America	1	2.9	0	0.0
Japan	2	5.7	18	7.4
Belgium	0	0.0	0	0.0
Germany	0	0.0	0	0.0
United Kingdom	0	0.0	0	0.0
Other	0	0.0	2	0.8
Event setting				
Own residence	17	48.6	76	31.4
Barracks	6	17.1	122	50.4
Residence of friend or family	2	5.7	14	5.8
Work/jobsite	0	0.0	4	1.7
Automobile	1	2.9	13	5.4
Inpatient medical facility	0	0.0	1	0.4
Hotel	1	2.9	2	0.8
Recreational area	2	5.7	1	0.4
Other	6	17.1	9	3.7
Unknown	0	0.0	0	0.0
Event method¹				
Drugs/alcohol	1	2.9	143	59.1
Hanging/asphyxiation	10	28.6	23	9.5
Poisoning	1	2.9	8	3.3
Firearm	23	65.7	20	8.3
Military firearm ²	2	-	1	-
Non-military firearm ²	21	-	19	-
Firearm of unknown origin ²	0	-	0	-
Falling/Jumping	0	0.0	2	0.8
Sharp/blunt object ³	-	-	36	14.9
Other	0	0.0	7	2.9
Pending/Unknown	0	0.0	3	1.2

Table continued on next page.

Table 30 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Alcohol use during event¹				
Yes	11	31.4	100	41.3
No	9	25.7	122	50.4
Unknown	15	42.9	20	8.3
Drug use during event¹				
Yes ⁴	3	8.6	127	52.5
Illicit drug use				
Used, overdose	0	-	8	-
Used, no overdose	0	-	4	-
Prescription drug use				
Used, overdose	1	-	75	-
Used, no overdose	1	-	11	-
Non-prescription drug use				
Used, overdose	0	-	45	-
Used, no overdose	1	-	9	-
No	15	42.9	113	46.7
Unknown	17	48.6	2	0.8
Alcohol and drug use during event¹				
Yes	2	5.7	45	18.6
No	16	45.7	177	73.1
Unknown	17	48.6	20	8.3
Communicated potential for self-harm				
Yes	14	40.0	35	14.5
Manner⁴				
Written	1	-	3	-
Verbal	11	-	26	-
Text	2	-	9	-
Other	1	-	1	-
Number of recipients				
One	11	-	25	-
More than one	3	-	10	-

Table continued on next page.

Table30 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Recipients⁴				
Supervisor	1	-	2	-
Chaplain	0	-	0	-
Mental health staff	4	-	9	-
Friend	3	-	13	-
Spouse	8	-	13	-
Family member (other than spouse)	1	-	7	-
Other	1	-	4	-
No	19	54.3	197	81.4
Unknown	2	5.7	10	4.1
Death-risk gambling				
Yes	0	0.0	2	0.8
No	31	88.6	239	98.8
Unknown	4	11.4	1	0.4
Planned/premeditated				
Yes	10	28.6	66	27.3
No	10	28.6	151	62.4
Unknown	15	42.9	25	10.3
Event occurred where it could be observed by others				
Yes	6	17.1	124	51.2
No	27	77.1	103	42.6
Unknown	2	5.7	15	6.2
Suicide note left				
Yes	7	20.0	22	9.1
No	22	62.9	216	89.3
Unknown	6	17.1	4	1.7
Residence at time of event				
Barracks	9	25.7	138	57.0
Bachelor Enlisted Quarters/Bachelor Officer Quarters	2	5.7	5	2.1
On-base family housing	1	2.9	12	5.0
Off-base	21	60.0	74	30.6
Ship	0	0.0	0	0.0
Other	2	5.7	11	4.5
Unknown	0	0.0	2	0.8

Table continued on next page.

Table 30 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Marital status residence				
Not married	16	45.7	137	56.6
Married, resides with spouse	10	28.6	49	20.2
Married, not living together, relationship issues	7	20.0	22	9.1
Married, not living together, other reasons	2	5.7	15	6.2
Married, unknown if resides with spouse	0	0.0	19	7.9
Unknown	0	0.0	0	0.0
Reside alone at time of event				
Yes	9	25.7	62	25.6
No	26	74.3	163	67.4
Unknown	0	0.0	17	7.0
Has and resides with child				
Yes, live with Service member	6	17.1	28	11.6
Yes, do not live with Service member	6	17.1	24	9.9
Does not have children	22	62.9	185	76.4
Unknown	1	2.9	5	2.1
Gun in home/immediate environment				
Yes	24	68.6	30	12.4
No	7	20.0	193	79.8
Unknown	4	11.4	19	7.9
Duty environment				
Garrison/permanent command	22	62.9	203	83.9
Leave	3	8.6	7	2.9
TDY	1	2.9	6	2.5
Deployed	3	8.6	4	1.7
Training	2	5.7	15	6.2
Psychiatric hospitalization	0	0.0	1	0.4
Medical hold	2	5.7	9	3.7
Other	2	5.7	13	5.4

¹Based on data provided by AFMES for suicide decedents. Cause of death or injury categories based on established ICD-10 coding groups.

²Type of firearm used based on DoDSER data for suicides identified by AFMES as having died by use of a firearm.

³Category not represented in ICD-10 coding groups for cause of death or injury; data are provided only for suicide attempt DoDSER reports.

⁴Response subcategories are not mutually exclusive.

Table 31 Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	35	-	242	-
Any mental health diagnosis				
Yes	17	48.6	150	62.0
Number of mental health diagnoses				
1	3	-	65	-
2	6	-	52	-
More than 2	9	-	33	-
No	18	51.4	92	38.0
Unknown	0	0.0	0	0.0
History of any mood disorder				
Yes¹	12	34.3	61	25.2
<i>Bipolar disorder</i>	1	-	7	-
<i>Major depressive disorder</i>	7	-	30	-
<i>Dysthymic disorder</i>	2	-	6	-
<i>Other mood disorder</i>	5	-	23	-
No	23	65.7	180	74.4
Unknown	0	0.0	1	0.4
History of any anxiety disorder				
Yes¹	8	22.9	42	17.4
<i>Post-traumatic stress</i>	5	-	23	-
<i>Panic disorder</i>	0	-	3	-
<i>Generalized anxiety disorder</i>	3	-	7	-
<i>Acute stress disorder</i>	1	-	1	-
<i>Other anxiety disorder</i>	1	-	17	-
No	27	77.1	199	82.2
Unknown	0	0.0	1	0.4
History of any personality disorder				
Yes	1	2.9	16	6.6
No	34	97.1	223	92.1
Unknown	0	0.0	3	1.2
History of any psychotic disorder				
Yes	0	0.0	2	0.8
No	35	100.0	240	99.2
Unknown	0	0.0	0	0.0

Table continued on next page.

Table 31 (cont.) Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
History of adjustment disorder				
Yes	9	25.7	56	23.1
No	25	71.4	182	75.2
Unknown	1	2.9	4	1.7
History of substance abuse				
Yes	11	31.4	85	37.4
No	21	60.0	137	60.4
Unknown	3	8.6	5	2.2
History of any sleep disorder				
Yes	5	14.3	23	9.5
No	30	85.7	217	89.7
Unknown	0	0.0	2	0.8
History of traumatic brain injury				
Yes	3	8.6	10	4.1
No	31	88.6	230	95.0
Unknown	1	2.9	2	0.8
Family history of mental illness				
Yes	5	14.3	60	24.8
No	15	42.9	152	62.8
Unknown	15	42.9	30	12.4
Prior self-injury				
Yes	4	11.4	68	28.1
Number of incidents				
One	4	-	40	-
More than one	0	-	28	-
Prior incident similar to current event				
Yes	2	-	39	-
No	2	-	24	-
Unknown	0	-	5	-
No	28	80.0	166	68.6
Unknown	3	8.6	8	3.3

Table continued on next page.

Table 31 (cont.) Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Ever taken psychotropic medications				
Yes	8	22.9	90	37.2
No	24	68.6	142	58.7
Unknown	3	8.6	10	4.1
Use of psychotropic medications, last 90 days				
Yes ¹	6	17.1	68	28.1
<i>Antidepressants</i>	4	-	62	-
<i>Anxiolytics</i>	2	-	22	-
<i>Antimanics</i>	0	-	4	-
<i>Anticonvulsants</i>	0	-	7	-
<i>Antipsychotics</i>	0	-	9	-
<i>Sleep medications</i>	2	-	34	-
No	26	74.3	164	67.8
Unknown	3	8.6	10	4.1
Use of opioid medications, last 90 days				
Yes	0	0.0	7	2.9
No	28	80.0	225	93.0
Unknown	7	20.0	10	4.1
Met criteria for polypharmacy				
Yes	0	0.0	18	7.4
No	33	94.3	212	87.6
Unknown	2	5.7	12	5.0
Accessed health or social services, last 90 days				
Yes ¹	25	71.4	150	62.0
<i>Medical treatment facility</i>	20	-	112	-
<i>Substance abuse services</i>	4	-	27	-
<i>Family assistance Program</i>	5	-	6	-
<i>Outpatient mental health</i>	11	-	111	-
<i>Inpatient mental health</i>	1	-	26	-
No	10	28.6	92	38.0
Unknown	0	0.0	0	0.0

¹Response subcategories are not mutually exclusive.

Table 32 <i>Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014</i>	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	35	-	242	-
Failed or failing relationship, last 90 days				
Yes¹	14	40.0	92	38.0
<i>Intimate relationship</i>	14	-	87	-
<i>Other relationship</i>	1	-	10	-
No	17	48.6	149	61.6
Unknown	4	11.4	1	0.4
Friend and family stressors, last 90 days				
Yes¹	0	0.0	15	10.3
<i>Death of spouse or other family member (manner other than suicide)</i>	0	-	6	-
<i>Death of friend (manner other than suicide)</i>	0	-	1	-
<i>Serious illness of friend or family member</i>	0	-	8	-
No	34	97.1	222	88.8
Unknown	1	2.9	5	2.1
History of friend or family death by suicide				
Yes¹	6	17.1	25	10.3
<i>Spouse</i>	0	-	0	-
<i>Family member</i>	3	-	11	-
<i>Friend</i>	3	-	17	-
No	29	82.9	215	88.8
Unknown	0	0.0	2	0.8
Administrative/legal problems, last 90 days				
Yes¹	15	42.9	78	32.2
<i>Courts martial proceedings</i>	0	-	3	-
<i>Article 15/Non-judicial punishment</i>	2	-	31	-
<i>Administrative separation proceedings</i>	0	-	24	-
<i>Away without leave/deserter status</i>	3	-	8	-
<i>Medical evaluation board proceedings</i>	2	-	18	-
<i>Civil legal proceedings</i>	5	-	15	-
<i>Non-selection for promotion</i>	1	-	4	-
<i>Under investigation</i>	6	-	14	-
No	20	57.1	163	67.4
Unknown	0	0.0	1	0.4

Table continued on next page.

Table 32 (cont.) <i>Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014</i>	Suicide		Suicide Attempt	
	No.	%	No.	%
Excessive debt/bankruptcy, last 90 days				
Yes	1	2.9	15	6.2
No	27	77.1	213	88.0
Unknown	7	20.0	14	5.8
Workplace difficulties, last 90 days				
Yes ¹	5	14.3	61	25.2
<i>Job problems</i>	3	-	48	-
<i>Supervisor/coworker issues</i>	2	-	32	-
<i>Poor performance review</i>	2	-	13	-
<i>Unit/workplace hazing</i>	0	-	3	-
No	30	85.7	174	71.9
Unknown	0	0.0	7	2.9
Abuse, assault, or harassment victimization, last year				
Yes ¹	1	2.9	15	6.2
<i>Physical abuse or assault</i>	1	-	10	-
<i>Sexual abuse or assault</i> ²	0	-	6	-
<i>Sexual assault</i> ³	0	-	5	-
<i>Emotional abuse</i>	0	-	9	-
<i>Sexual harassment</i>	0	-	4	-
No	31	88.6	219	90.5
Unknown	3	8.6	8	3.3
Abuse, assault, or harassment perpetration, last year				
Yes ¹	7	20.0	6	2.5
<i>Physical abuse or assault</i>	6	-	4	-
<i>Sexual abuse or assault</i>	3	-	2	-
<i>Emotional abuse</i>	3	-	1	-
<i>Sexual harassment</i>	0	-	3	-
No	27	77.1	223	92.1
Unknown	1	2.9	13	5.4

¹Response subcategories are not mutually exclusive.

²Data based on response to a specific item in DoDSER.

³Data provided by SAPRO on unrestricted reports of sexual assault during the year prior to the event. These data represent a subset, and are not inclusive of all sexual assault cases. For more information please visit:

<http://sapr.mil/index.php/annual-reports>

Table 33 Deployment History¹ for All Suicide and Suicide Attempt DoDSER Reports, Marine Corps, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		35	-	242	-
Ever deployed					
Yes		20	57.1	72	29.8
Specific locations²					
<i>Iraq</i>		6	-	28	-
<i>Afghanistan</i>		17	-	60	-
<i>Kuwait</i>		9	-	26	-
Number of deployments					
1		8	-	42	-
2		4	-	20	-
3 or more		8	-	10	-
No		15	42.9	170	70.2
Event occurred during deployment					
Yes		1	2.9	3	1.2
<i>Afghanistan</i>		1	-	3	-
<i>Kuwait</i>		0	-	0	-
<i>Other location</i>		0	-	0	-
No		34	97.1	239	98.8
History of direct combat					
Yes²		14	40.0	28	11.6
<i>Combat resulting in casualties/wounded</i>		11	-	16	-
<i>Wounded or injured in combat</i>		2	-	7	-
<i>Witnessed a kill</i>		11	-	18	-
<i>Saw bodies of other Service members</i>		12	-	14	-
<i>Killed others in combat</i>		7	-	10	-
No		21	60.0	192	79.3
Unknown		0	0.0	22	9.1

¹Deployment data, excluding history of direct combat, provided by the DMDC from the CTS.

²Response subcategories are not mutually exclusive.

CHAPTER 7

U.S. NAVY



DoDSER Results Summary: Navy

The DoDSER system collects standardized data on demographic, contextual, behavioral health, historical and risk-related factors for all identified suicides and suicide attempts that occur among both Active Component Service members and Service members in the Navy Reserve who were in a duty status at the time of the event.

Mortality and Suicide Attempt Incidence

According to the AFMES, as of March 31, 2015, 53 suicides occurred among Navy Active Component Service members and 5 occurred among Service members in the Navy Reserve while in a duty status at the time of death during CY 2014. A DoDSER report was submitted for all 58 suicides. These DoDSER reports were used in the generation of the data tables included in this section.

There were 123 suicide attempt DoDSER reports submitted by the Navy. These reports provided data on 122 unique Service members—121 (99.2%) with 1 reported attempt and 1 (0.8%) with 2 reported attempts.

Demographics

Demographic variables for all suicide and suicide attempt DoDSER reports are displayed in Table 34.

The most common demographic features for Navy suicide DoDSER reports included these characteristics:

- Male (n = 57, 98.3%)
- White/Caucasian racial identity (n = 41, 70.7%)
- Non-Hispanic ethnicity (n = 46, 79.3%)
- Less than 30 years of age (n = 34, 58.6%)
- A high-school graduate level of education (n = 38, 65.5%)
- Enlisted (n = 47, 81.0%)
- Never married (n = 32, 55.2%)

The most common demographic features for suicide attempt DoDSER reports included:

- Male (n = 79, 64.2%)
- White/Caucasian racial identity (n = 72, 58.5%)
- Non-Hispanic ethnicity (n = 109, 88.6%)
- Less than 30 years of age (n = 100, 81.3%)
- A high-school graduate level of education (n = 106, 86.2%)
- Junior enlisted (E1-E4, n = 80, 65.0%)
- Approximately evenly distributed between never married (n = 62, 50.4%) and married (n = 58, 47.2%)

The largest demographic differences between suicide and suicide attempt DoDSER reports were in the prevalence of females (35.8% for suicide attempt DoDSER reports versus 1.7% for suicide DoDSER reports) and rank status (65.0% E1-E4 for suicide attempt DoDSER reports versus 37.9% for suicide DoDSER reports).

Event Information²

Detailed descriptive statistics on the locations, contexts and methods of suicide and suicide attempts are presented in this section and in Table 35. These data describe the circumstances surrounding the suicide event itself and address both the antecedents and consequences of the event.

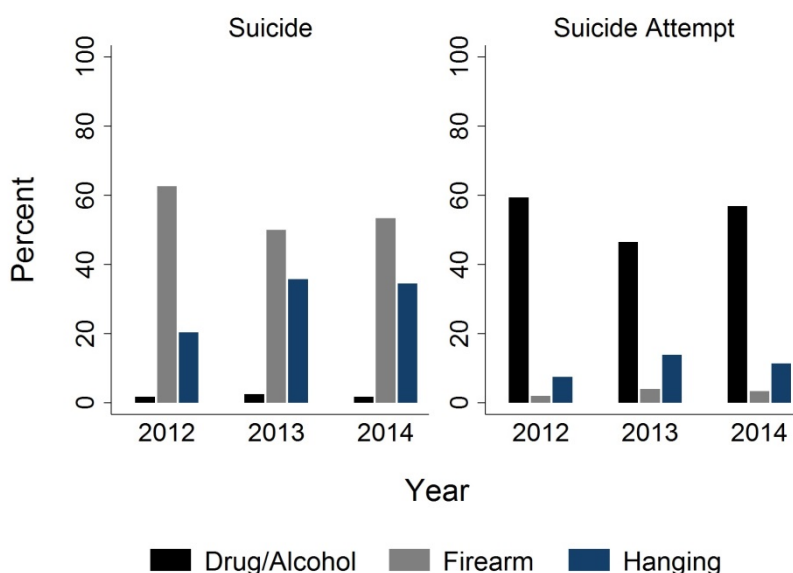


Figure 13 depicts the proportion of DoDSER reports—including both

Figure 13. Proportion of Navy suicide and suicide attempt DoDSERs that reported drug/alcohol use, firearm, and hanging as the method of injury, CY 2012-2014.

² Please note that given the small number of suicides for both CY 2013 and CY 2014 in the Navy, we did not engage in any formal statistical testing to compare the prevalence of determinants between the two years for suicide DoDSERs.

suicide-related deaths and suicide attempts—that identified the use of a firearm, hanging and drug/alcohol overdose over the past three years. DoDSER suicide reports identified firearm use and hanging more frequently than reports of suicide attempt. The majority of firearm use identified in DoDSER suicide reports did not involve military weapons ($n = 27$, 87.1% of DoDSER suicide reports where firearm was identified as the mechanism of injury).

Alcohol use was identified in 22 suicide DoDSER reports (37.9%) and in 41 suicide attempt DoDSER reports (33.3%), regardless of whether it was the primary cause, used in conjunction with another method (e.g., overdose/intentional drunk driving) or facilitated the use of another means. Drug use during the event was not commonly identified for suicide DoDSER reports ($n = 15$, 25.9%), but it was reported in 55 suicide attempt DoDSER reports (44.7%). The data on alcohol and drug use for suicides was provided by toxicology reports from postmortem examinations from AFMES. The high proportion of “unknown” responses reflects inconclusive results, no toxicology examination or an inability to access a toxicology report from a civilian authority.

Behavioral Health History

Data on behavioral health variables are provided in Table 36. Figure 14 displays the proportion of suicide and suicide attempt DoDSER reports that indicated a history of any behavioral health diagnosis (ever), prior self-injury (ever) or use of psychotropic medications (within 90 days of event) for CY 2012–CY 2014.

There were no statistically significant differences between CY 2013 and CY 2014 for suicide attempt DoDSER reports on these three variables. The prevalence of a behavioral health diagnosis history was lower for suicide DoDSER reports compared to suicide attempt DoDSER reports in CY 2014 (OR = 0.29, 95% CI = 0.13, 0.63). The prevalence estimates of a history of prior self-injury or use of psychotropic medications

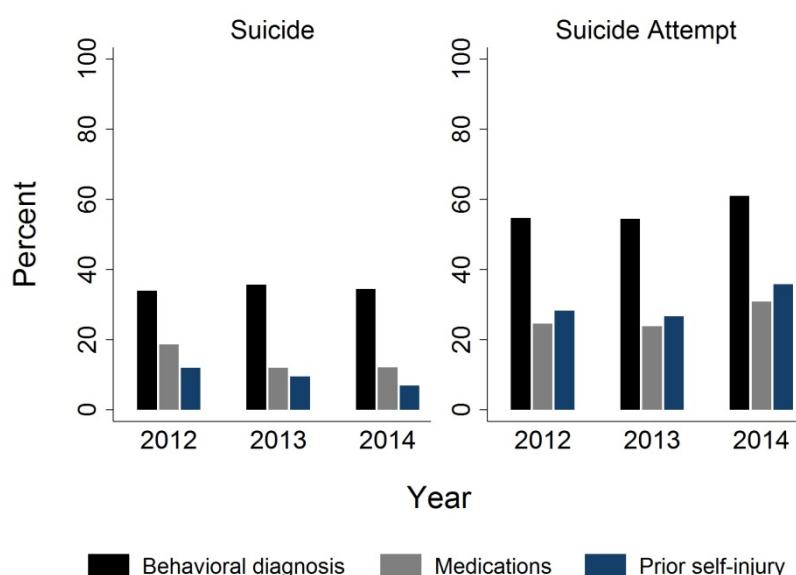


Figure 14. Proportion of Navy suicide and suicide attempt DoDSER reports that reported any behavioral health diagnosis ever, psychotropic medication use in the 90 days prior to the event, or prior self-injury ever, CY 2012–CY 2014.

were not compared because of small numbers of suicide DoDSER reports that identified these factors. The most common behavioral health diagnoses identified in suicide DoDSER reports included mood (n = 10, 17.2%), adjustment (n = 8, 13.8%) and substance abuse (n = 8, 13.8%) disorders. For suicide attempt DoDSER reports, the most common diagnoses identified were mood (n = 44, 35.8%), substance abuse (n = 30, 24.4%) and anxiety disorders (n = 27, 22.0%).

Psychosocial Stressors

Psychosocial factors included in DoDSER report form pertain to information collected about relationships, family issues, legal or administrative problems, work and financial difficulties, and alleged abuse victimization or perpetration. Table 37 provides descriptive data for each of these factors. In CY 2014, 41 suicide DoDSER reports (70.7%) and 91 suicide attempt DoDSER reports (74.0%) identified at least one of these factors. Figure 15 displays the proportion of suicide and suicide attempt DoDSER reports that reported relationship, administrative/legal, workplace and financial difficulties during the 90 days prior to the event. There was a decrease in the prevalence of failed or failing relationships from CY 2013 to CY 2014 in suicide attempt DoDSER reports (OR = 0.53, 95% CI = 0.28, 1.00). There were no statistically significant differences for administrative/legal or work problems. In CY 2014, the prevalence of workplace difficulties was lower for suicide DoDSER reports as compared to suicide attempt DoDSER reports (OR = 0.29, 95% CI = 0.12, 0.69).

In this report, DoDSER cases were matched against cases of sexual assault that had been collected through the DoD's option to make an Unrestricted Report of Sexual Assault. According to the SAPRO data, zero suicide DoDSER reports and seven suicide attempt DoDSER reports were associated with an unrestricted report of sexual assault during the year prior to the event. Table 37 provides the number of sexual assaults recorded via the DoDSER report form.

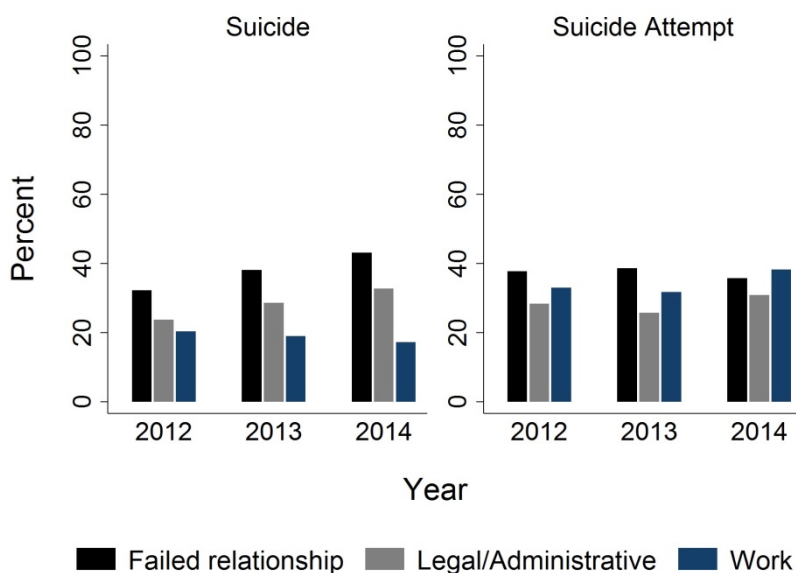


Figure 15. Proportion of Navy suicide and suicide attempt DoDSER reports that reported failed relationships, legal/administrative problems or workplace difficulties in the 90 days prior to the event.

Deployment

A history of deployment was a factor in 29.3% of suicide and 15.4% of suicide attempt DoDSER reports. The prevalence of any deployment history was lower for CY 2014 compared to CY 2013 suicide attempts (OR = 0.18, 95% CI = 0.08, 0.40) DoDSER reports. For CY 2014, there was no statistically significant difference in the prevalence of deployment history between suicide and suicide attempt DoDSER reports (OR = 1.23, 95% CI = 0.47, 3.20).

Table 34 Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		58	-	123	-
Sex					
Male		57	98.3	79	64.2
Female		1	1.7	44	35.8
Age at event					
17-19		0	0.0	8	6.5
20-24		19	32.8	61	49.6
25-29		15	25.9	31	25.2
30-34		11	19.0	11	8.9
35-39		10	17.2	5	4.1
40-44		2	3.4	7	5.7
45-59		1	1.7	0	0.0
Race					
American Indian/Alaska Native		2	3.4	6	4.9
Asian/Pacific Islander		3	5.2	5	4.1
Black/African American		5	8.6	27	22.0
White/Caucasian		41	70.7	72	58.5
Other/Unknown		7	12.1	13	10.6
Hispanic ethnicity					
Yes		10	17.2	13	10.6
No		46	79.3	109	88.6
Unknown		2	3.4	1	0.8
Education					
Some high school, did not graduate		0	0.0	0	0.0
Alternative high school certification		5	8.6	6	4.9
High school graduate		38	65.5	106	86.2
Some college or technical school, no degree or certificate		0	0.0	1	0.8
College degree of less than four years		3	5.2	3	2.4
Four-year college degree		8	13.8	4	3.3
Master's degree or greater		1	1.7	3	2.4
Unknown		3	5.2	0	0.0
Component					
Active		53	91.4	122	99.2
Reserve		5	8.6	1	0.8
National Guard		0	0.0	0	0.0

Table continued on next page.

Table 34 (cont.) <i>Demographic and Service Characteristics¹ of Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014</i>	Suicide		Suicide Attempt	
	No.	%	No.	%
Marital status				
Never married	32	55.2	62	50.4
Married	24	41.4	58	47.2
Separated	0	0.0	0	0.0
Divorced	2	3.4	3	2.4
Widowed	0	0.0	0	0.0
Unknown	0	0.0	0	0.0
Rank/grade				
Cadet	0	0.0	0	0.0
E1-E4	22	37.9	80	65.0
E5-E9	25	43.1	42	34.1
Officer	11	19.0	1	0.8
DoD occupational category				
Enlisted				
Infantry, gun crews, and seamanship specialists	5	8.6	10	8.1
Electronic equipment repairers	7	12.1	16	13.0
Communications and intelligence specialists	6	10.3	7	5.7
Health care specialists	3	5.2	30	24.4
Other technical and allied specialists	1	1.7	1	0.8
Functional support and administration	2	3.4	11	8.9
Electrical/mechanical equipment repairers	14	24.1	24	19.5
Crafts workers	3	5.2	3	2.4
Service and supply handlers	6	10.3	15	12.2
Non-occupational	0	0.0	4	3.3
Unknown	0	0.0	1	0.8
Officer				
Tactical operations officers	9	15.5	0	0.0
Intelligence officers	0	0.0	0	0.0
Engineering and maintenance officers	1	1.7	0	0.0
Scientists and professionals	0	0.0	0	0.0
Health care officers	0	0.0	1	0.8
Administrators	0	0.0	0	0.0
Supply, procurement and allied officers	0	0.0	0	0.0
Non-occupational	1	1.7	0	0.0

¹ Demographic and Service characteristics provided by the DMDC

Table 35 Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	58	-	123	-
Event location country				
United States	51	87.9	113	91.9
Iraq	0	0.0	0	0.0
Afghanistan	0	0.0	0	0.0
Kuwait	0	0.0	0	0.0
Korea	0	0.0	0	0.0
Other Europe	0	0.0	1	0.8
North America	0	0.0	1	0.8
Japan	3	5.2	3	2.4
Belgium	0	0.0	0	0.0
Germany	1	1.7	0	0.0
United Kingdom	0	0.0	0	0.0
Other	3	5.2	4	3.3
Event setting				
Own residence	25	43.1	59	48.0
Barracks	10	17.2	39	31.7
Residence of friend or family	4	6.9	6	4.9
Work/jobsite	5	8.6	4	3.3
Automobile	5	8.6	10	8.1
Inpatient medical facility	0	0.0	0	0.0
Hotel	1	1.7	0	0.0
Recreational area	3	5.2	1	0.8
Other	5	8.6	3	2.4
Unknown	0	0.0	1	0.8
Event method¹				
Drugs/alcohol	1	1.7	70	56.9
Hanging/asphyxiation	20	34.5	14	11.4
Poisoning	0	0.0	2	1.6
Firearm	31	53.4	4	3.3
Military firearm ²	4	-	0	-
Non-military firearm ²	27	-	4	-
Firearm of unknown origin ²	0	-	0	-
Falling/Jumping	6	10.3	0	0.0
Sharp/blunt object ³	-	-	20	16.3
Other	0	0.0	10	8.1
Pending/Unknown	0	0.0	3	2.4

Table continued on next page.

Table 35 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Alcohol use during event¹				
Yes	22	37.9	41	33.3
No	28	48.3	78	63.4
Unknown	8	13.8	4	3.3
Drug use during event¹				
Yes ⁴	15	25.9	55	44.7
Illicit drug use				
<i>Used, overdose</i>	0	-	8	-
<i>Used, no overdose</i>	1	-	0	-
Prescription drug use				
<i>Used, overdose</i>	0	-	30	-
<i>Used, no overdose</i>	4	-	3	-
Non-prescription drug use				
<i>Used, overdose</i>	1	-	26	-
<i>Used, no overdose</i>	10	-	3	-
No	25	43.1	62	50.4
Unknown	18	31.0	6	4.9
Alcohol and drug use during event¹				
Yes	7	12.1	18	14.6
No	33	56.9	99	80.5
Unknown	18	31.0	6	4.9
Communicated potential for self-harm				
Yes	17	29.3	24	20.9
Manner⁴				
<i>Written</i>	2	-	1	-
<i>Verbal</i>	13	-	14	-
<i>Text</i>	5	-	9	-
<i>Other</i>	1	-	2	-
Number of recipients				
<i>One</i>	14	-	20	-
<i>More than one</i>	3	-	5	-

Table continued on next page.

Table 35 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Recipients⁴				
Supervisor	2	-	5	-
Chaplain	1	-	1	-
Mental health staff	2	-	3	-
Friend	3	-	9	-
Spouse	7	-	11	-
Family member (other than spouse)	5	-	0	-
Other	2	-	1	-
No	40	69.0	88	71.5
Unknown	1	1.7	10	8.1
Death-risk gambling				
Yes	0	0.0	0	0.0
No	57	98.3	122	99.2
Unknown	1	1.7	1	0.8
Planned/premeditated				
Yes	30	51.7	30	24.4
No	19	32.8	79	64.2
Unknown	9	15.5	14	11.4
Event occurred where it could be observed by others				
Yes	8	13.8	52	42.3
No	49	84.5	64	52.0
Unknown	1	1.7	7	5.7
Suicide note left				
Yes	18	31.0	7	5.7
No	38	65.5	109	88.6
Unknown	2	3.4	7	5.7
Residence at time of event				
Barracks	8	13.8	33	26.8
Bachelor Enlisted Quarters/Bachelor Officer Quarters	3	5.2	10	8.1
On-base family housing	2	3.4	3	2.4
Off-base	37	63.8	60	48.8
Ship	5	8.6	8	6.5
Other	2	3.4	4	3.3
Unknown	1	1.7	5	4.1

Table continued on next page.

Table 35 (cont.) Event Location, Event Method, and Event Context for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Marital status residence				
Not married	34	58.6	65	52.8
Married, resides with spouse	11	19.0	23	18.7
Married, not living together, relationship issues	7	12.1	8	6.5
Married, not living together, other reasons	4	6.9	13	10.6
Married, unknown if resides with spouse	2	3.4	14	11.4
Unknown	0	0.0	0	0.0
Reside alone at time of event				
Yes	21	36.2	47	38.2
No	36	62.1	71	57.7
Unknown	1	1.7	5	4.1
Has and resides with child				
Yes, live with Service member	10	17.2	12	9.8
Yes, do not live with Service member	13	22.4	14	11.4
Does not have children	35	60.3	97	78.9
Unknown	0	0.0	0	0.0
Gun in home/immediate environment				
Yes	34	58.6	10	8.1
No	22	37.9	105	85.4
Unknown	2	3.4	8	6.5
Duty environment				
Garrison/permanent command	39	67.2	98	79.7
Leave	5	8.6	3	2.4
TDY	1	1.7	2	1.6
Deployed	5	8.6	3	2.4
Training	6	10.3	9	7.3
Psychiatric hospitalization	0	0.0	1	0.8
Medical hold	3	5.2	10	8.1
Other	5	8.6	7	5.7

¹Based on data provided by AFMES for suicide decedents. Cause of death or injury categories based on established ICD-10 coding groups.

²Type of firearm used based on DoDSER data for suicides identified by AFMES as having died by use of a firearm.

³Category not represented in ICD-10 coding groups for cause of death or injury; data are provided only for suicide attempt DoDSER reports.

⁴Response subcategories are not mutually exclusive.

Table 36 Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Total	58	-	123	-
Any mental health diagnosis				
Yes	20	34.5	75	61.0
Number of mental health diagnoses				
1	9	-	35	-
2	6	-	18	-
More than 2	5	-	22	-
No	38	65.5	48	39.0
Unknown	0	0.0	0	0.0
History of any mood disorder				
Yes¹	10	17.2	44	35.8
<i>Bipolar disorder</i>	0	-	8	-
<i>Major depressive disorder</i>	5	-	25	-
<i>Dysthymic disorder</i>	1	-	4	-
<i>Other mood disorder</i>	5	-	11	-
No	48	82.8	76	61.8
Unknown	0	0.0	3	2.4
History of any anxiety disorder				
Yes¹	7	12.1	27	22.0
<i>Post-traumatic stress</i>	1	-	9	-
<i>Panic disorder</i>	1	-	0	-
<i>Generalized anxiety disorder</i>	4	-	5	-
<i>Acute stress disorder</i>	0	-	2	-
<i>Other anxiety disorder</i>	2	-	8	-
No	49	84.5	94	76.4
Unknown	2	3.4	2	1.6
History of any personality disorder				
Yes	2	3.4	12	9.8
No	56	96.6	110	89.4
Unknown	0	0.0	1	0.8
History of any psychotic disorder				
Yes	1	1.7	1	0.8
No	57	98.3	121	98.4
Unknown	0	0.0	1	0.8

Table continued on next page.

Table 36 (cont.) Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
History of adjustment disorder				
Yes	8	13.8	24	19.5
No	49	84.5	97	78.9
Unknown	1	1.7	2	1.6
History of substance abuse				
Yes	8	13.8	30	24.4
No	49	84.5	88	71.5
Unknown	1	1.7	5	4.1
History of any sleep disorder				
Yes	3	5.2	7	5.7
No	55	94.8	114	92.7
Unknown	0	0.0	2	1.6
History of traumatic brain injury				
Yes	1	1.7	3	2.4
No	55	94.8	120	97.6
Unknown	2	3.4	0	0.0
Family history of mental illness				
Yes	5	8.6	43	35.0
No	29	50.0	62	50.4
Unknown	24	41.4	18	14.6
Prior self-injury				
Yes	4	6.9	44	35.8
Number of incidents				
One	2	-	28	-
More than one	2	-	16	-
Prior incident similar to current event				
Yes	3	-	28	-
No	1	-	13	-
Unknown	0	-	3	-
No	53	91.4	76	61.8
Unknown	1	1.7	3	2.4

Table continued on next page.

Table 36 (cont.) Medical and Behavioral Health History for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014				
	Suicide		Suicide Attempt	
	No.	%	No.	%
Ever taken psychotropic medications				
Yes	9	15.5	51	41.5
No	48	82.8	69	56.1
Unknown	1	1.7	3	2.4
Use of psychotropic medications, last 90 days				
Yes ¹	7	12.1	38	30.9
Antidepressants	5	-	31	-
Anxiolytics	4	-	14	-
Antimanics	0	-	4	-
Anticonvulsants	2	-	2	-
Antipsychotics	3	-	4	-
Sleep medications	3	-	20	-
No	50	86.2	82	66.7
Unknown	1	1.7	3	2.4
Use of opioid medications, last 90 days				
Yes	1	1.7	5	4.1
No	53	91.4	110	89.4
Unknown	4	6.9	8	6.5
Met criteria for polypharmacy				
Yes	2	3.4	5	4.1
No	55	94.8	108	87.8
Unknown	1	1.7	10	8.1
Accessed health or social services, last 90 days				
Yes ¹	24	41.4	69	56.1
Medical treatment facility	22	-	52	-
Substance abuse services	1	-	6	-
Family assistance Program	2	-	6	-
Outpatient mental health	9	-	51	-
Inpatient mental health	3	-	17	-
No	34	58.6	54	43.9
Unknown	0	0.0	0	0.0

¹Response subcategories are not mutually exclusive.

Table 37 Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		58	-	123	-
Failed or failing relationship, last 90 days					
Yes¹		25	43.1	44	35.8
<i>Intimate relationship</i>		21	-	43	-
<i>Other relationship</i>		8	-	7	-
No		32	55.2	76	61.8
Unknown		1	1.7	3	2.4
Friend and family stressors, last 90 days					
Yes¹		1	1.7	11	8.9
<i>Death of spouse or other family member (manner other than suicide)</i>		0	-	4	-
<i>Death of friend (manner other than suicide)</i>		0	-	2	-
<i>Serious illness of friend or family member</i>		1	-	7	-
No		55	94.8	105	85.4
Unknown		2	3.4	7	5.7
History of friend or family death by suicide					
Yes¹		3	5.2	19	15.4
<i>Spouse</i>		0	-	0	-
<i>Family member</i>		2	-	11	-
<i>Friend</i>		2	-	11	-
No		55	94.8	101	82.1
Unknown		0	0.0	3	2.4
Administrative/legal problems, last 90 days					
Yes¹		19	32.8		
<i>Courts martial proceedings</i>		0	-	38	30.9
<i>Article 15/Non-judicial punishment</i>		4	-	2	-
<i>Administrative separation proceedings</i>		4	-	11	-
<i>Away without leave/deserter status</i>		5	-	8	-
<i>Medical evaluation board proceedings</i>		1	-	5	-
<i>Civil legal proceedings</i>		8	-	9	-
<i>Non-selection for promotion</i>		3	-	3	-
<i>Under investigation</i>		9	-	4	-
No		39	67.2	13	-
Unknown		0	0.0	83	67.5

Table continued on next page.

Table 37 (cont.) Psychosocial Stressors for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Excessive debt/bankruptcy, last 90 days					
Yes		4	6.9	8	6.5
No		51	87.9	98	79.7
Unknown		3	5.2	17	13.8
Workplace difficulties, last 90 days					
Yes ¹		10	17.2	47	38.2
Job problems		10	-	42	-
Supervisor/coworker issues		4	-	26	-
Poor performance review		3	-	8	-
Unit/workplace hazing		0	-	1	-
No		48	82.8	69	56.1
Unknown		0	0.0	7	5.7
Abuse, assault, or harassment victimization, last year					
Yes ¹		5	8.6	12	9.8
Physical abuse or assault		0	-	6	-
Sexual abuse or assault ²		0	-	5	-
Sexual assault ³		0	-	7	-
Emotional abuse		5	-	6	-
Sexual harassment		0	-	2	-
No		52	89.7	104	84.6
Unknown		1	1.7	7	5.7
Abuse, assault, or harassment perpetration, last year					
Yes ¹		2	3.4	5	4.1
Physical abuse or assault		2	-	5	-
Sexual abuse or assault		0	-	0	-
Emotional abuse		2	-	0	-
Sexual harassment		0	-	0	-
No		56	96.6	109	88.6
Unknown		0	0.0	9	7.3

¹Response subcategories are not mutually exclusive.

²Data based on response to a specific item in DoDSER.

³Data provided by SAPRO on unrestricted reports of sexual assault during the year prior to the event. These data represent a subset, and are not inclusive of all sexual assault cases. For more information please visit:

<http://sapr.mil/index.php/annual-reports>

Table 38 Deployment history¹ for All Suicide and Suicide Attempt DoDSER Reports, Navy, CY 2014		Suicide		Suicide Attempt	
		No.	%	No.	%
Total		58	-	123	-
Ever deployed					
Yes		17	29.3	19	15.4
Specific locations²					
<i>Iraq</i>		4	-	2	-
<i>Afghanistan</i>		7	-	9	-
<i>Kuwait</i>		7	-	8	-
Number of deployments					
1		8	-	12	-
2		5	-	3	-
3 or more		4	-	4	-
No		41	70.7	104	84.6
Event occurred during deployment					
Yes		2	3.4	1	0.8
<i>Afghanistan</i>		0	-	1	-
<i>Kuwait</i>		0	-	0	-
<i>Other location</i>		2	-	0	-
No		56	96.6	122	99.2
History of direct combat					
Yes²		2	3.4	4	3.3
<i>Combat resulting in casualties/wounded</i>		1	-	2	-
<i>Wounded or injured in combat</i>		1	-	0	-
<i>Witnessed a kill</i>		2	-	2	-
<i>Saw bodies of other Service members</i>		2	-	2	-
<i>Killed others in combat</i>		1	-	0	-
No		54	93.1	116	94.3
Unknown		2	3.4	3	2.4

¹Deployment data, excluding history of direct combat, provided by the DMDC from the CTS.

²Response subcategories are not mutually exclusive.

CHAPTER 8

SELECTED RESERVE

DoDSER Results Summary: Selected Reserve

The DoDSER system collects data on demographic, contextual, behavioral health, historical, and risk factors for all identified suicides and suicide attempts that occur among Active Component Service members and Reserve Component Service members in a duty status, and can be broken down by Service and component.

For the first time this year, the DoDSER Annual Report also contains information on suicide-related deaths among the sub-population of the SELRES who were not in a duty status at the time of their death.

Data on demographic variables were obtained from the DMDC after incidences of suicide were provided by the Services to AFMES. This information was pulled from extant data in enterprise systems rather than specifically collected by an individual as part of a comprehensive reporting system.

Over the course of CY 2014, 148 deaths due to suicide were recorded among Service members in the Reserves and National Guard who were not in a duty status at the time of death. This included 127 individuals whose manner of death was confirmed as suicide by March 31, 2015, according to Service-identified data that was compiled by the AFMES, and 21 deaths with a pending determination or later confirmation date.

Demographics

Demographic data for all suicides that occurred among Service members in the Reserves and National Guard who were not in a duty status at the time of death are listed in Table 39. The demographic characteristics of suicides in this population are similar to those observed for Active Component suicides. The most common characteristics of suicides in this population were:

- Male (n = 139, 93.9%)
- White/Caucasian racial identity (n = 119, 80.4%)
- Non-Hispanic ethnicity (n = 133, 89.9%)
- Less than 30 years of age (n = 100, 67.6%)
- Had obtained a high-school graduate level of education (n = 90, 60.8%)
- Junior enlisted (n = 92, 62.2%)
- Never married (n = 98, 66.2%)

Table 39 Demographic and Service Characteristics¹ of Suicides that Occurred among Service Members in the SELRES while not in a Duty Status, CY 2014		
	Suicide	
	No.	%
Total	148	-
Sex		
Male	139	93.9
Female	9	6.1
Age at event		
17-19	11	7.4
20-24	59	39.9
25-29	30	20.3
30-34	20	13.5
35-39	11	7.4
40-44	4	2.7
45-59	13	8.8
Race		
American Indian/Alaska Native	4	2.7
Asian/Pacific Islander	5	3.4
Black/African American	16	10.8
White/Caucasian	119	80.4
Other/Unknown	4	2.7
Hispanic ethnicity		
Yes	12	8.1
No	133	89.9
Unknown	3	2.0
Education		
Some high school, did not graduate	4	2.7
Alternative high school certification	11	7.4
High school graduate	90	60.8
Some college or technical school, no degree or certificate	14	9.5
College degree of less than four years	7	4.7
Four-year college degree	11	7.4
Master's degree or greater	5	3.4
Unknown	6	4.1

Table continued on next page.

Table 39 (cont.) Demographic and Service Characteristics¹ of Suicides that Occurred among Service Members in the SELRES while not in a Duty Status, CY 2014		
	Suicide No.	%
Marital status		
Never married	98	66.2
Married	42	28.4
Separated	0	-
Divorced	8	5.4
Widowed	0	-
Unknown	0	-
Component		
Reserve	68	45.9
National Guard	80	54.1
Service		
Air Force	21	14.2
Army	106	71.6
Marine Corps	11	7.4
Navy	10	6.8
Rank/grade		
Cadet	0	0.0
E1-E4	92	62.2
E5-E9	44	29.7
Officer	12	8.1

¹ Demographic and Service characteristics provided by the DMDC.

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APPENDIX A

GLOSSARY

Active Component	Per the Office of the Deputy Chief Management Officer, the Active Component is, “the portion of the armed forces as identified in annual authorization acts as ‘active forces,’ and in section 115 of Title 10 USC as those active duty personnel paid from funds appropriated for active duty personnel.”
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Article 15	A provision under the Uniform Code of Military Justice that gives commanding officers the ability to impose non-judicial punishment upon soldiers who commit minor offenses within their units.
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death-risk gambling	Any game of chance with death or serious injury as a potential outcome. Examples include “Russian roulette.”
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deployment	Per the Office of the Chairman, the Joint Chiefs of Staff, a deployment is defined as “a troop movement resulting from a Joint Chiefs of Staff (JCS)/combatant command deployment order for 30 continuous days or greater to a land-based location outside the United States. This deployment location does not have permanent U.S. military medical treatment facilities (i.e., funded by the Defense Health Program) and may or may not be directly supported by deployed medical forces.” Service members who deployed and had at one location identified as part of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) or Operation New Dawn (OND) were considered to have been OEF/OIF/OND-deployed. Per the RAND report, “Army Deployments to OIF and OEF,” published in 2010, the identified locations included: Afghanistan, Bahrain, Djibouti, Iraq, Kuwait, Kyrgyzstan, Oman, Qatar, Saudi Arabia, and Uzbekistan. Additionally, the sea boundaries of the Red Sea, the Gulf of Aden, the Gulf of Oman, and the Arabian Sea, north of the 10°N latitude and west of the 68°E longitude and the air space over all countries and sea boundaries listed here.
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duty status	Service members are considered to be in a duty status if they are members of the Active Component and are not identified as being AWOL or in a deserter status. Per the Office of the Assistant Secretary of Defense for Reserve Affairs, Service members of the Selected Reserve are also considered to be in a duty status if they are identified as currently engaged in Drill or Training, or in the Simultaneous Membership Program, Active Guard/Reserve or Full-Time Support roles.
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medical evaluation board	Informal proceeding evaluating the medical history of a Service member to determine how the injury/disease will respond to treatment protocols. This is used to determine if the medical condition and/or physical defect will render the Service member unfit for duty.
planned and/or premeditated	Evidence the event was planned and/or premeditated includes verbal discussion of plan, written notes, email/chat-room discussion or other evidence of plan such as preparatory behaviors (e.g., giving possessions away, purchase of materials to facilitate suicide, etc.).
polypharmacy	Being prescribed any four or more medications taken concurrently with any one of them being a psychotropic or central nervous system depressant.
psychotropic medications	A type of medication that directly affects the mental, emotional and behavioral states when consumed by an individual. Such medications are used to treat disorders such as depression or bipolar disorder.
Selected Reserve	Per the Office of the Assistant Secretary of Defense for Reserve Affairs, the Selected Reserve “consists of those units and individuals within the Ready Reserve designated by their respective Services and approved by the Chairman, Joint Chiefs of Staff, as so essential to initial wartime missions that they have priority over all other Reserves. All selected Reservists are in an active status, but not necessarily a duty status. This category includes all Guard and Reserve personnel who have Selected Reserve agreements, whether trained or not.
self-harm (without intent to die)	A self-inflicted, potentially injurious behavior for which there is evidence (either implicit or explicit) that the person did not intend to kill himself/herself (i.e., had no intent to die).
suicidal ideation	Any self-reported thoughts of engaging in suicide-related behaviors.
suicide	Self-inflicted death with evidence (either explicit or implicit) of intent to die.

suicide attempt	A self-inflicted potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die.
<hr/>	
traumatic brain injury	<p>A traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of the these clinical signs immediately following the event:</p> <ul style="list-style-type: none">a) Any period of loss of or a decreased level of consciousness;b) Any loss of memory for events immediately before or after the injury;c) Any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.) Neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be due to a transient intracranial lesion used to treat disorders such as depression or bipolar disorder.

APPENDIX B

ACRONYMS

AFMES	Armed Forces Medical Examiner System
AWOL	absent without official leave
CDC	Centers for Disease Control and Prevention
CI	confidence interval
CTS	contingency tracking system
CY	calendar year
DCIPS	Defense Casualty Information Processing System
DMDC	Defense Manpower Data Center
DoDSER	Department of Defense Suicide Event Report
DSPO	Defense Suicide Prevention Office
IRR	incidence rate ratio
OEF	Operation Enduring Freedom
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
SAPRO	Sexual Assault Prevention and Response Office
SELRES	Selected Reserve
SM	Service member
SMR	standardized mortality ratio
SPPM	Suicide Prevention Program Manager
T2	National Center for Telehealth & Technology
TDY	temporary duty
WISQARS	Web-based Injury Statistics Query and Reporting System

APPENDIX C

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APPENDIX D FEEDBACK & SUGGESTIONS

In a continuing effort to provide a DoDSER Annual Report that is useful to the DoD community it serves, we request your feedback on the information we've provided and your suggestions for ways we could make the DoDSER Annual Report more useful.

Please return your completed survey by mail, fax, or email to:

National Center for Telehealth & Technology (T2)
 9933 West Hayes, Joint Base Lewis-McChord, WA 98431
 Fax: 253.968.4192
 Email: [Click here for e-mail contact](#)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I found the information in the 2014 DoDSER Annual Report helpful					
What other statistics or comparisons would you like to have in future DoDSER Annual Reports?					
How did/will you use this report?					
Do you have any other feedback or suggestions?					

Optional:

Name: _____ Title: _____

Organization: _____

Email: _____ Phone: _____

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DoD SER

**Department of Defense
SUICIDE EVENT REPORT
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